

Vol. XII

No. 11

THE PUBLIC HEALTH NURSE

Nov.



1920

Cleveland Nursing Center

M. JOSEPHINE SMITH

From House To House: A Play

PAUL B. HOWLAND

PUBLISHED MONTHLY BY
THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING
136 FIFTH AVENUE, NEW YORK CITY

MAGAZINE OFFICE, 2157 EUCLID AVENUE, CLEVELAND, OHIO

Copyright 1920

Goodnow's History of Nursing

SECOND
EDITION

Miss Goodnow's work has been prepared in response to a demand for a short, comprehensive history of nursing. It gives the main facts of nursing history from the beginning to the present time, with sufficient details and personalities to give color and interest, and to present a picture of the times described. The chapter summaries give you in a few words the chief events in each period.

12mo of 375 pages, illustrated. By Minnie Goodnow, R. N., formerly Superintendent of the Women's Hospital, Denver. Cloth, \$3.00 net.

W. B. SAUNDERS CO., West Washington Square, Phila.

Mellin's Food Method of Milk Modification

A proper diet furnishes all the food elements necessary for the nutrition of the body. This means that there must be food for the growth and repair of every tissue and the production and maintenance of bodily heat and energy. But this is not all. The diet must also furnish these food elements in a form suitable to the digestive functions and readily assimilated.

Every nurse should have a knowledge of this subject.

Send for our instructive literature.

It is free to nurses.

MELLIN'S FOOD COMPANY, Boston, Mass.

Your Debilitated Patients

need especial attention during the next few months to fortify them against the prevalent diseases of Fall and Winter. The defensive forces of the body need to be reinforced, and to accomplish this, good hygiene, the best of food, and a dependable tonic are essential. To meet this last need

Gray's Glycerine Tonic Comp.

has no superior.

Probably no other remedy enjoys the confidence of more physicians than Gray's Glycerine Tonic. The reason is plain, for they know it will do what they expect it to—that they can count implicitly on its increasing functional activity throughout the body, improving the nutrition, and raising the vital resistance.

The Purdue Frederick Company

135 Christopher Street

New York City

THE PUBLIC HEALTH NURSE

VOL. XII

NOVEMBER, 1920

No. 11



EDITORIAL

Smiles or Tears?

THE Pullman carriage was crowded. Amongst the passengers was a mother with twins, a boy and girl about two years old. The woman was evidently unaccustomed to traveling—probably she had never been in a Pullman before. Hers was the upper berth; and seated opposite to her, happy owner of the lower, was a young woman whose dark, trim uniform proclaimed her a Public Health Nurse.

The children fidgeted and the mother was nervous and worried. Presently the nurse made friends with the little boy and after a while he consented to sit on her knee. Then the mother, happy to find a confidant in this strange and trying atmosphere, told her story. A week or two before, her hus-

band, a railroad employee, had been killed in an accident; now she was going home to his parents, they had never seen the children, and had written begging her to come to them.

The children were tired, and the nurse called the porter and had the berths made up early, resigning her lower to the worried little woman and the children. The carriage was hot, but the two babies were only partially undressed, woolen jerseys were carefully drawn on, and the blanket was tucked tightly round them. The nurse gently suggested that they would be more comfortable if they were given more air and had less clothing over them; but the mother shook her head decidedly—they would catch cold, and if anything happened to them her

husband's parents would never forgive her.

All the berths were made up at last; but their occupants did not get their hoped-for rest. The poor babies, exhausted with the unaccustomed traveling, were too hot and miserable to sleep, and pitiful wailing resounded through the carriage. Faces peeped out from behind the curtains and indignant glances were directed towards the compartment where the distracted mother was vainly striving to soothe the shrill expressions of heat and discomfort. Presently the nurse came to her side and made another effort.

"Let me take the jersey off Johnny," she urged persuasively, "the poor little mite is too hot to go to sleep, and he is so tired."

"Oh, but he has never slept on a train before, and he takes cold so easily."

"He is much more likely to catch cold if he gets over-heated," explained the nurse patiently. "Just let us try taking some of the clothes off him, and then see if he does not fall asleep."

At length, with much misgiving, the mother consented, and poor Johnny was relieved of his jersey and the cover was drawn more loosely over him. In five minutes he had fallen fast asleep, and only one wailing voice was heard instead of two. A sigh of relief sounded through the carriage, and one of the

passengers, walking through the corridor, paused a moment as he passed where the nurse stood.

"Good for you!" he said gratefully, "can't you have a try at the other one, too?"

Smiling, the nurse promised to do her best; and presently the mother, tired out herself and seeing the happy result of taking this new friend's advice, consented to remove the sweater from Mary.

In another five minutes peace reigned and the exasperated passengers settled themselves thankfully to sleep.

The next morning, as the Pullman drew slowly into the terminal, a paper was slipped into the hand of the nurse, and when she looked down at it she saw that it was a vote of thanks from all her fellow-passengers. A little smile played round her lips; then the train stopped, and she turned to help Johnny and Mary down the steps on to the platform. Later, as she walked briskly away the grateful thanks of the little woman, and the sound of Johnny's "Dood-bye," rang in her ears.

* * *

We cannot, every one of us, be a Public Health Nurse; but we can all help to uphold and strengthen her work, and we can all share in her reward—a smile on the face of a little child—a blessing on the lips of a mother—a glow of warmth in the heart of a lonely stranger.



THE PERRY HOUSE

Cleveland Nursing Center

BY M. JOSEPHINE SMITH

ABOUT 134 years ago a trading port was established on Lake Erie which thrived and grew in size and importance until ten years later the wild country bordering the lake was partially cleared and a town was laid out and called after the name of its chief builder, Moses Cleaveland.

The wild life of lake and forest came close up to the gates of the new town, and the Indians brought their furs to sell them to the traders who had settled at the port or who came up from other towns and settlements on the Great Lakes.

Amongst those who came to live in Cleveland was Oliver Hazard Perry. He was a fur trader and farmer, and he built a house out-

side the town, with extensive farm land near it, about half a mile from the lake, but on the line of the main street, now known as Euclid Avenue, and then called the Buffalo Road. The site he chose was situated on a slight eminence which commanded a view of the surrounding country, and he built the house with large and airy rooms, with plenty of windows to let in the sunlight, and with a long, broad entrance hall in the center. There were large kitchens behind, and here the Indians used often to sleep when they came to sell their pelts. The house was in a beautiful position, but it was lonely enough, and sometimes coming home at night in the winter time the owner would be chased by

wolves prowling out from the surrounding forests or across the ice-packed lake.

Mr. Perry was a great lover of music, and all musicians who visited that part of the Great Lakes used to find their way to his home, and he entertained them. He built a little balcony on to the house, reached by a turret staircase, and here the musicians used to sit and play.

Always standing for the highest in honor and integrity, full of an old-fashioned dignity, with a heart strong to battle with the untamed life of a newly opening country, and with an eye to see its grandeur and to peer into the possibilities of its future, keenly sensible of his responsibility toward his fellows, and with an appreciation and love for the more gentle and beautiful things of life, Oliver Hazard Perry stood out as an example of the spirit which has built up what is best and greatest in the America of to-day. He had two children, a boy and a girl, and the house was the center of a happy family life. Later, the son was killed in an accident. The daughter became the wife of Senator Henry B. Payne.

Time went on, and the little town of Cleveland grew, and the Perry House grew, too, enlargements and additions being made from time to time; but always the original building remained the heart of the home, and in each succeeding generation the spirit of freedom and service, of happiness

which was never selfish in its aims, permeated the old house.

Euclid Avenue became the beautiful and favored center of the wealth of a great city. Stately homes grew up beyond the Perry House; a cathedral rose in front of it; but still it remains, simple and home like, standing on its eminence, with wide, open spaces around it. Through the years it has watched the realization of the visions of the founders of the little port. And now, a hundred years later, it has come to be the centering point of another dream come true—a dream of which the builder of the house could not see the beginning.

In June, 1918, the Committee on Nursing of the Council of National Defense in Washington decided to select a suitable city and ask it to make an experiment in community nursing, with the idea of bringing about the most economical use of its available nursing strength. Because Cleveland had had experience in experimental work and co-operative effort and was greatly interested in nursing problems, the city was approached through the local Committee on Nursing and asked to undertake the working out of such a plan.

The Committee on Nursing, of which Mrs. Alfred Brewster was the chairman, became the medium through which this experiment was made; and this committee was successful in gathering together representatives of every branch of



(Copyright, 1909, by F. D. Millet. Reproduced by courtesy of the Cleveland Trust Co.)

SURVEYING THE SITE OF CLEVELAND

In this picture Moses Cleveland is seen surveying the site of the city which bears his name.



THE OLD BUFFALO ROAD IN 1838, NOW EUCLID AVENUE

Cows were then browsing where now sky-scrapers rise.

(By courtesy of the Cleveland Trust Co.)



THE PUBLIC SQUARE IN 1831

In the background is "The Old Stone Church," which has just celebrated its hundredth anniversary.
The Cleveland Grays are parading in the foreground.

(By courtesy of the Cleveland Trust Co.)

nursing in the city, who met together at frequent intervals to discuss and take action upon the many problems arising out of the situation caused by the largely increased demands for the service of graduate nurses, and the shortage of personnel with which to meet these demands.

The committee accomplished a great deal; but some of those most interested in the success of the experiment realized that, in order to bring about full and permanent results, this centralization of nursing effort must somehow acquire "a local habitation and a name." This was not an easy matter to accomplish. The question of expense loomed as a big and menacing problem, besides the many other difficulties which stood in the way of consummating such a plan.

Speaking just recently in Cleveland, Mrs. Barnett, friend and associate of Octavia Hill and, with her husband, Canon Barnett, founder of Toynbee Hall Settlement, in London, took as one of her texts an inversion of the adage "Wait and see," and laid the consummation of many of her dreams of plans for social betterment to an ability to "See and wait." So it happened, that after many months of "seeing and waiting" the wonderful happened, and the future hope of a Cleveland Nursing Center became a present reality.

A great-grand-daughter of Oliver Hazard Perry—Frances Payne

Bolton—had, over a long period, shown in various ways her great interest in nursing and the things which the nursing profession stands for. As Chairman first of the War Program Committee and then of the Ways and Means Committee of the National Organization for Public Health Nursing, she devoted much of her time to the work and interests of public health nursing. After resigning from the national chairmanship at the beginning of this year she consented to become the first Chairman of the Ohio State Committee of the Friends of Public Health Nursing, which has just been organized by the same Organization.

During the war, the Perry House had been loaned to the Red Cross for its activities; and when, after the war was over, the house was vacated, Mrs. Bolton, together with her sister, Mrs. Dudley Blossom, and her two brothers, Mr. Wm. Bingham and Mr. Harry P. Bingham, the heirs of the Perry House, offered it for use as a Nursing Center.

Gradually the city has crowded further and further up Euclid Avenue, until now the house is situated in the most central part, easily accessible from any point and in a position readily found by strangers; yet so far set back behind the shelter of its lawns as to be a haven of quiet and rest; with its many large, well-planned, well-lighted rooms of varying sizes—no fairy godmother

could have planned a more wonderful place for such a purpose.

At the end of the entrance hall, the first thing to catch one's eye is the Isabel Hampton Robb Memorial Hall. Originally the library, it is now used as a meeting and lecture room, for entertainments and informal dances, in furtherance of the educational and social and recreational purposes of the Memorial. Here are held the graduation exercises of hospital student nurses; meetings of the Alumnae Associations, and, in fact, all the large gatherings which come to the Center.

To the left of the entrance hall is the living room, large and comfortable, home-like in every cosy corner, sofa and easy chair; a big, old-fashioned fireplace is not the least enticing feature, and the wall decoration, which is unusually attractive, is a reproduction of the original decoration, for this room is part of the old, original building. Large vases of flowers brighten each corner—the work of the Flower Committee is no sinecure—and the magazines scattered about the tables are calculated to meet many varied tastes and moods.

To the right of the entrance is the office of the Executive Secretary of the Center; and, beyond that, a writing room, giving entrance to the dining room, where from time to time are held luncheons, teas or suppers planned by different nursing groups. A butler's pantry, with special offices,

has direct access to the dining room and serves conveniently for the preparation of these parties.

A broad flight of stairs leads down to what was formerly the billiard room; a notice over the head of the stairs now bears the sign "St. Barnabas Guild for Nurses." A great big room, furnished in artistic shades of green and gold, with daring patches of purple here and there—with chairs and little wicker tables which would invite the most dyspeptic to enjoy a cup of tea—a huge fireplace for winter use—bookcases filled with real, readable books for a leisure hour—that is the first impression of the St. Barnabas room. Its part in the house program is largely recreational, but, as all its members know, it stands for a great deal more than that and symbolizes in many ways the spirit of the Center. One of its activities just beginning is a nurses' choir; most of the members of the choir at present are student nurses. The St. Barnabas choir is too young yet to have much said about it, but it was born in this house and perhaps may grow up to foster the same love of music that distinguished the builder of the house—just as the Isabel Hampton Robb Memorial is carrying on the educational spirit of the old library.

Besides these rooms of a community character, there are a number of others which house the activities of individual associations, as follows: District No. 4 of the Ohio State Nurses' Association;



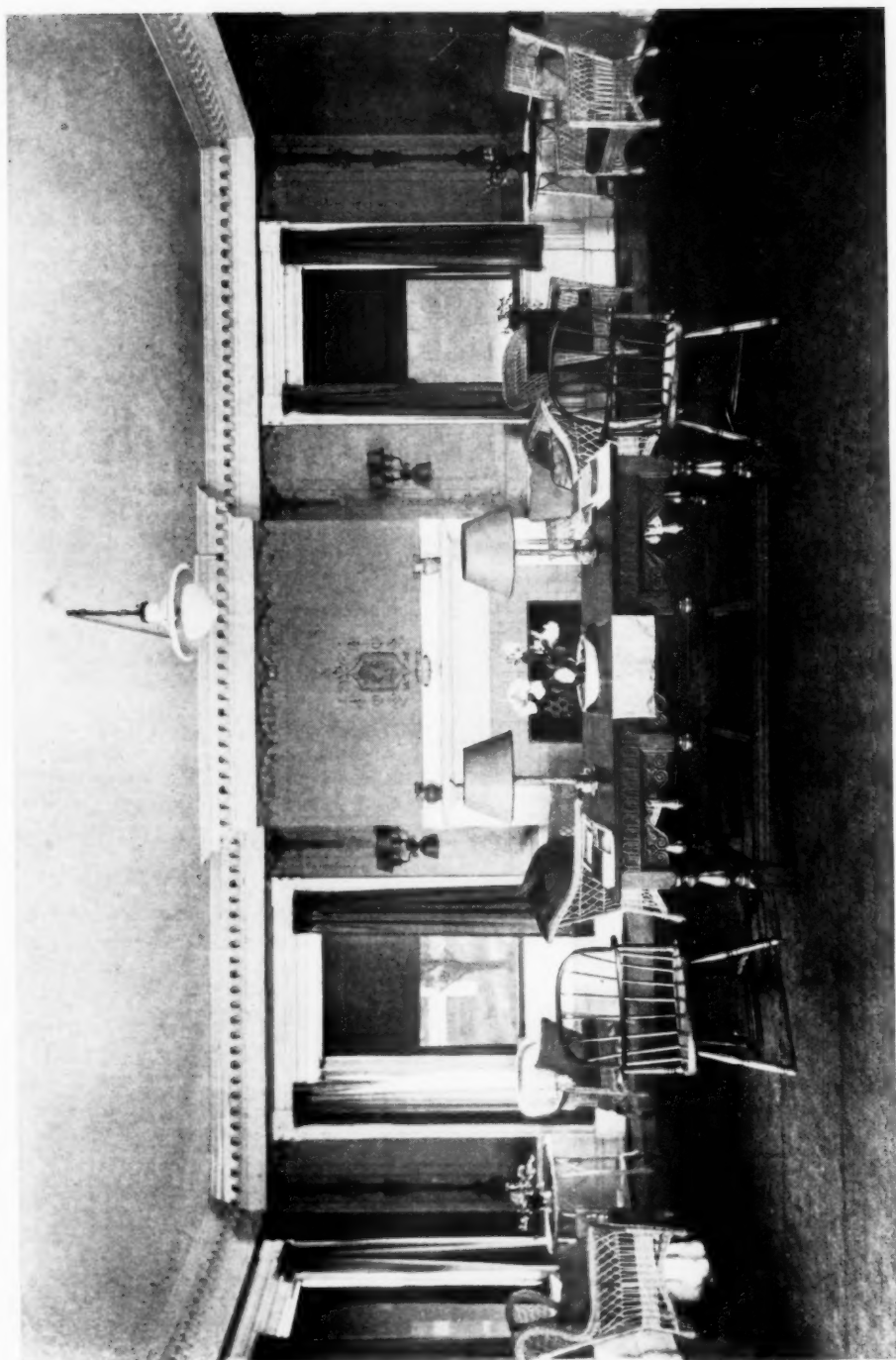
THE ENTRANCE HALL

Showing the Isabel Hampton Robb Memorial Room in the background.



ISABEL HAMPTON ROBB MEMORIAL

A portrait of Mrs. Robb hangs over the mantel. The picture on the wall, over the piano, is an old engraving of Florence Nightingale.



THE LIVING ROOM

The wall decoration is a reproduction of that originally used, when the house was first built.

the Central Registry; the Visiting Nurse Association; the Anti-Tuberculosis League; the Central Committee on Public Health Nursing; and last, but not least, the National Organization for Public Health Nursing has here the editorial office of *THE PUBLIC HEALTH NURSE* and the headquarters of the Ohio State Committee, Friends of Public Health Nursing. These associations all pay office rent to the Nursing Center for their rooms and this rent serves to meet the running expenses of the house—coal, light, heat, janitor, etc. The upkeep of the outside of the house, the lawns, etc., is maintained by the owners.

In addition, there are several attractive rooms which are rented to stranger nurses and others who temporarily need a place to stay; thus helping to realize the dream of making the house a center not only for Cleveland nursing interests but also a place of welcome and a headquarters for all nurses who may come to the city and may wish for contact with, or information in regard to, the various nursing groups.

Besides the associations which actually rent offices in the building, the following have representation on the Board of Governors of the house and are an integral part of the Center: the Cleveland League of Nursing Education, Red Cross Teaching Center, the Industrial Nurses' Club, the University Nursing District.

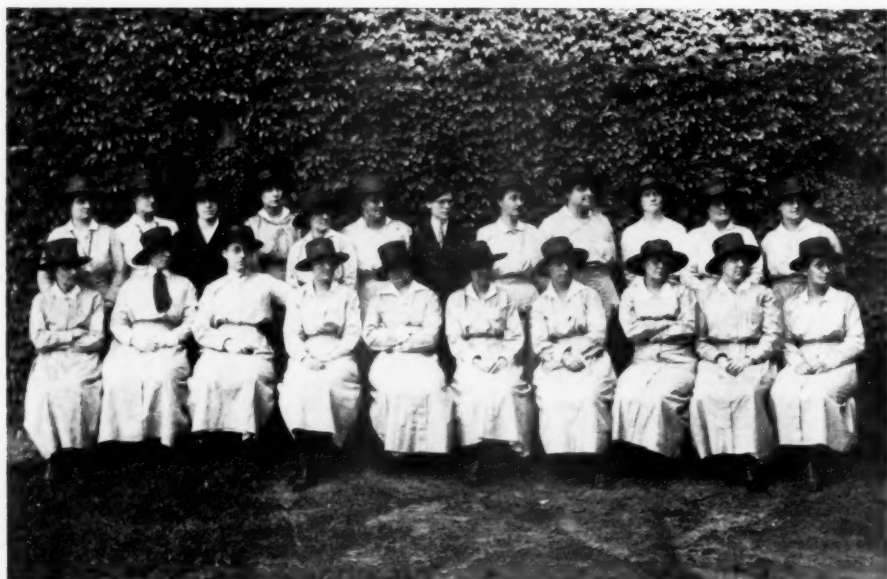
It will thus be seen that the Nursing Center brings together all the nursing interests and activities of Cleveland and gives an immediate contact with them and with the national nursing groups of the country. Writing of her ideal of what the Center should represent, at the time of its formal opening, Mrs. Bolton said:—

"It is nearly twenty years since I began working with the nursing interests, and I find it has become, in a way, a part of me.

The gathering together of all Cleveland nursing interests has in it wonderful possibilities, and I cannot help dreaming of the big things that it may come to mean in all the nation. So to raise the standard of nursing education that it will attract the finest type of womanhood; to infuse new life, higher ideals and the intense desire of service to humanity into the profession—all this is not beyond the bounds of possibility, now that we can all work *together*.

There is something about the nursing profession that thrills me as nothing else does. Perhaps it is because my childhood was filled with the vicarious suffering for those nearest and dearest to me.

To have the Perry House once more a place where young and old can go and find rest and joy and a renewal of ideals means a very great deal to me. Nearly a century has it stood there—simple, sweet, and, above all else, a home. I feel sure that the atmosphere



THE STAFF OF THE CLEVELAND VISITING NURSE ASSOCIATION



THE INDUSTRIAL NURSES' CLUB



OFFICE OF THE PUBLIC HEALTH NURSE, OFFICIAL ORGAN OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

will do much towards eliminating animosities, lack of mutual understanding and pettiness. And I hope it will be easier to have sane recreation for both students and graduates because of the background of these walls."

The opening of the Cleveland Nursing Center marks the realization of a great hope and a great ideal; but, as in the case of all great ideals, its consummation is only the stepping-stone to a loftier height and to new and greater achievements. It has been justly said that "the reward of having worked well already is to be given more work to do," and the owners of the Perry House, in giving its use for an indeterminate period, have done so in the hope "that the

Center will far outgrow the confines of the house."

It needed a long vision to perceive in the little trading port on Lake Erie the great city of today, with its ships and railways connecting up with every artery of this vast country. But perhaps 100 years hence the Nursing Center of Cleveland may have grown up in just as new and wonderful a way to connect with other similar centers throughout the United States.

Perhaps those who believe in omens may see special significance in the fact that the year of the opening of the Cleveland Nursing Center is a centenary celebration of the nursing profession, and that the opening ceremony of the Center was also made the occasion of

a Florence Nightingale centenary celebration in Cleveland.

The Central Nursing Registry occupies an office at the front of the Center; that office is never closed—always, on the darkest night, there is a light shining through the window, and the nurse within is on the watch to answer every call from a home where sickness has found an entrance. Florence Nightingale kindled that

lamp 100 years ago, and the finest womanhood of the world has rallied round it and tended it ever since. It has burned more and more brightly as the years went on—its rays illumine the long path ahead—and we know that the same strong, steady, loving hands will continue to trim and feed it as long as the night of human sickness and suffering shall last.

Special Notice

A special meeting of the National Organization for Public Health Nursing is called for Saturday, December 11th, 1920, at 2:30 p. m., to consider proposed revisions of the by-laws.

The place of meeting will be the Assembly Room, Metropolitan Life Insurance Company, 1 Madison Avenue, New York City.

Following the business meeting a program will be arranged at 3:30 p. m. by the New York City Federation of Public Health Nurses.

The Newspaper in Public Health Education

BY JOSEPH HERZSTEIN, M. S.

*Executive Secretary, Rensselaer County Tuberculosis Committee of the
State Charities Aid Association.*

THE importance of health education of the public is conceded on every hand. Through health education much progress can be made in approaching the ideal of the best types of health administration and the universal practice of personal hygiene. Within the last ten years there has been a tremendous growth in volume and methods of health education. The time has already been reached when these methods are being carefully evaluated.

In a consideration of these methods, the writer has been much impressed with the value of the newspaper as a medium for health education. The following thoughts on the use of the newspaper in public health work are offered to others engaged in local health work, in the hope that they may be suggestive.

Of all forms of education in health, the spoken word seems to be the most effective. The use of the spoken word is the opportunity and the responsibility of the Public Health Nurse. In fact, a good deal of her unique value lies in the fact that she can personally talk to the people with whom she is dealing. Her contact is very direct and she is thereby able to put across ideas which cannot be conveyed as well in other ways.

Next to the personal, verbal method of teaching come the visual methods, of which the newspaper is one. The present day newspaper seems virtually to dominate over all general forms of publicity methods. Its construction and nature are based on very sound principles of human psychology, and answer for the fact that it is actually read. Column after column of the paper are usually scanned by the reader. People are ready and willing to pay to read the newspaper. A newspaper is purchased by practically every householder. This mere fact of payment for it insures a greater likelihood of its being read, as compared with literature and circular matter available without cost. Peculiarly enough, the public has come to ascribe an element of superior importance to things which get into the paper.

For these reasons it would seem that the newspaper should be leaned on heavily to carry educational ideas of all kinds. It is needless to say that such ideas must be expressed in general conformity to other items of the paper. Otherwise they will not hold the attention. They will be regarded as dry-as-dust, and readers will soon learn to pass such articles by without reading them.

Some Practical Points.

It is not proposed here to offer any suggestions on the actual technique and structure of a news story. The importance of getting the "how," "when," "where" and sometimes "why" in the first sentence is generally known by all who have written for the press. It is proposed here to offer a few practical points in the use of the newspaper out of the writer's own experience, which may be of value to others.

A Nose for News.

If the press is to be used frequently and successfully for articles on health education, a "nose for news" must be developed. It will not do to send miniature treatises on health to newspaper editors. One must seek the opportunity of attaching health ideas to some item of "news" about a person or to some happening. To the writer himself the actual news value may be small. It may be sufficient, however, to get it into print, and there may nevertheless be a large number of the reading public who will read it. In this way health propaganda can very frequently gain access to the press.

Use of Names.

We are all interested in the doings and sayings of other people. This is one of the attributes of our common gregariousness. Witness the recording of apparently trivial items in the newspapers all over the country, of personals which would not appear if they did

not actually satisfy the reading public.

Not long ago, as prominent a newspaper as the New York Times carried on its front page a story about the marriage of Mr. Douglas Fairbanks and Miss Mary Pickford, two screen stars of the day. This item appeared not only on the page where national and international news is presented, but in a paper which announces that it is forced daily to refuse many columns of space to prospective advertisers.

Names of local persons are almost always in order in the local papers and there are limitless opportunities to connect these people with health messages through the press. For example, a few remarks made at perhaps a casual visit of a local minister at a health center may be made an educational newspaper note. It might be said that, "Rev. Mr. George Brown called at the health center this morning on Hall Street, and expressed interest in the child and tuberculosis posters which have been recently secured from the State Health Department by Miss Mary Jones, the health nurse. Rev. Brown said he was particularly impressed with one of the panels describing the importance of fresh air for the baby. This poster showed that, etc—"

Educational ideas expressed in news form may be regarded as a sort of honest "camouflage." It is needless to say that all statements which are made should be

strictly true and honest. The item is a form of "camouflage" because the text is obviously not "educational" but is apparently "news" about some person or happening.

It should also be remembered that the public has generous respect for authority. A person presumed to have information and authority only slightly better than the average, may vest his statements with an importance which will enhance its believable qualities to the general public.

Help Build Paper.

Besides cultivating a "nose for news" and the general use of names by which health educational materials may reach the press, it is also important to secure the good will of the local newspapermen. The person actively engaged in public health administration may be too busy with actual work to feel that a trip to the newspaper office is warranted. News items can be telephoned to the newspaper office or mailed as carbon copies struck off on the typewriter. These are rapid methods to be sure. Local papers appreciate them, but the writer might well evaluate the real importance of the news story and take the time to have someone carry an original copy of news into the editorial rooms. One may spend considerable time in the preparation of a circular of which five thousand copies are to be printed for general distribution. The newspaper article containing educational ideas similar to those in a circular should also secure proportionate

attention. Is it not a way of getting circular material into the newspaper pages, *with an insured distribution, and without cost?*

The reporting staffs welcome prepared contributions. They are news items secured by them without much effort, if any. They get to feel that their paper is being aided in its preparation by such news contributions. After all, they depend on the activities of local organizations for some of their local news. Contributions which are unquestionably fresh and timely, which are written interestingly, and which do not demand re-writing but only rapid editing and headlining, are real builders of the paper. The good will of the reporting staff can be secured by such manifestations of willingness to help build the paper.

There are, of course, other practical matters which might be touched upon, such as policy toward rival papers, length and frequency of health educational articles, preparation of material so as to suggest certain headlines, etc. It is not the purpose here to consider all phases of the subject. The aim of this brief article is, (1) to emphasize the value of the newspaper as a medium for health education, and (2) to indicate the possibilities for using the press by being on the alert for happenings with some news value which may carry educational ideas. The generous use of names is suggested, together with the idea of getting the good will of the reportorial staffs.

Syphilis in Prenatal and Child Welfare Work

BY MARY R. LAKEMAN

*Epidemiologist, Subdivision of Venereal Diseases,
Massachusetts State Department of Health.*

IN looking over reports of child hygiene work, one whose attention has been focused on syphilis as one of the greatest, if not the greatest, of present-day disease problems, cannot fail to be impressed with the thought that the close relationship existing between this disease and child welfare has not been as clearly recognized as its importance would warrant. We now know that "syphilis is one of the greatest destroyers of child life besides ranking high as a disabling disease."

A significant statement in this regard appears in a recent report of a field study of infant mortality. This report states that "while great progress has been made in decreasing the number of deaths from gastric and intestinal diseases, little has yet been done to decrease the deaths in early infancy." In this report, while syphilis was given as a cause of foetal death in only one instance, it is significant to note that the greatest single cause of foetal deaths is stated to be "early infancy" and the next in order of frequency to be "premature birth." Have we not reason to assume that many of these deaths from undefined cause were in reality due to hereditary syphilis? Let us look through

some facts which have come to light within the past few years.

It has been shown by routine examination in the draft army and elsewhere that an average of practically 10% of the young men of this country are infected with syphilis either active or latent. In one instance 856 young men examined for the police force of a large city showed 15% of syphilis.

Such fragmentary evidence as we have of conditions with regard to young women indicate that the percentage in the unmarried is much less than the rate for men of corresponding age, but it rises rapidly in the case of married women.

Some interesting charts recently published by the United States Public Health Service indicate that the age of greatest incidence of the disease is from 19 to 21.

These facts serve to remind us of the wide dissemination of the disease among young people at the age of greatest sex activity. Both through marriage and by illegitimate means syphilitic infection is being conveyed by these young people to the coming generation. As many cases are non-infectious at the time of impregnation and as the prospective mother and the child therefore escape infection, there is found to be a distinctly

lower rate of syphilis in the offspring as compared with the incidence of the disease among young adults. Nevertheless, there are still a regrettably large number of babies starting life under the overwhelming handicap of this mutilating disease, without taking into consideration the yet greater wastage in human life from still-birth and miscarriage occurring as a result of syphilis.

A number of surveys made since 1912 have shown a positive Wassermann among from 2% to 6% of children met in hospital and dispensary practice.

Holt found 6.2% among infants under two years of age.

Knox of Johns Hopkins declares that "more than 25% of all the premature babies born in a large obstetric service are luetics."

Spohr quotes statistics ranging from 6% to 33% of syphilis among the new-born.

Kolmer declares that only 17% of all pregnancies in syphilitic families result in living non-syphilitic children that survive the period of infancy. Elsewhere he adds: "It would appear safe to assume an incidence of at least 5% for syphilis in our infant population."

In a recent study of 4,000 deliveries with a foetal mortality of 7% (including deaths within two weeks after birth) Williams of Johns Hopkins shows 34.4% of still births in a large series of cases to be due to syphilis. The three causes of death ranking next to

syphilis are dystocia, toxæmia, and prematurity, divided thus:

Dystocia	15.2%
Toxæmia	11.5%
Prematurity (probably including some syphilis)	10.5%

It will be noted that the sum of these three causes of death is but slightly greater than the figure for syphilis alone:—

Foetal deaths due to syphilis	34.4%
Foetal deaths due to other three causes.....	37.2%

In summarizing this report, Williams makes the following statements: "Syphilis can be reduced from the most important cause of foetal death to one of the least frequent. At the present time, syphilis appears to offer the most promising field for immediate results." (We must recognize the fact that this report includes a large number of negroes whose marked susceptibility to syphilis is well known. This in no wise alters the facts observed, however.)

In 1914 Dr. Abner Post, of Boston, analyzed thirty families in which at least one case of syphilis had come to his attention. In this study, it was found that, of 168 pregnancies, 53 had terminated in still-birth or miscarriage, while early death had resulted in 44 others, making a loss of 57%. Only 71 children in these families were living at the time the study was made, and of these 32 were

sick enough to have applied for treatment. This leaves only 39 apparently healthy children out of the total of 168 pregnancies.

McQuarrie reports 2,717 deliveries from the University of California Hospital, with a mortality of 36% between the thirtieth week of pregnancy and twelve hours after delivery, giving syphilis as the cause of death in 15.5%, plus a probably large proportion of 22 other deaths attributed to "unknown" causes.

Stokes quotes statistics based on over 100,000 cases which show one child in every 148 between two and twelve years of age to have hereditary syphilis.

A study of children in a foundling institution by DeBuys and Loeber showed an incidence of congenital syphilis in 106 children under five of 83.96%, the rate in legitimate children being 79.66%, as against 90% in the illegitimate class.

No figures include the large number of early abortions and miscarriages which are unquestionably attributable to syphilis.

Such statements as the foregoing cannot fail to bring before us the seriousness of the present situation and the realization that we may at times have failed to discover obscure cases of latent congenital syphilis. On the other hand, we are forcefully reminded of the hopeful outlook for the case promptly recognized and skillfully treated, especially the case which

is detected in the early months of pregnancy.

A material difficulty is met in bringing these cases to light in the fact that the Wassermann test is far less reliable as a means of determining the presence of syphilis in infancy than in later life. In the opinion of some syphilographers the luetin test is of greater value than the Wassermann in infants. According to Jeans: "At birth the serum of only about two-thirds of the syphilitic infants will give a positive reaction. A few remain negative two months or more, even in the presence of active syphilis." The luetin test may serve to clear up the diagnosis in such cases.

It may be helpful to review a few of the guiding symptoms that point to syphilis as seen in infancy and early childhood:—

The typical picture of congenital syphilis described in the textbooks as "the little old man with a cold in his head" is in reality rather uncommonly seen, though the symptom of persistent "snuffles" is an early and fairly constant sign.

An undersized, undeveloped child, especially if a history of repeated miscarriages or still-births be obtained, is always suggestive of syphilis and warrants thorough physical examination.

The undefined condition known as marasmus is also strongly suggestive of syphilis.

Convulsions supposedly due to teething or to other causes are a fairly frequent sign of syphilitic cerebro-spinal involvement.

Cases diagnosed as tubercular bone and joint affections have in many instances proven to be syphilitic.

Broncho-pneumonia and other respiratory affections are among the conditions in which a similar error has been made.

A slight opacity of the cornea, with sensitiveness to light, may lead to the discovery of a syphilitic interstitial keratitis.

A skin eruption of any sort calls for careful examination by the skilled physician. Syphilis may simulate practically every skin disease; the most characteristic syphilitic rash in early infancy appears about the mouth and on the buttocks.

These are only a few of the guiding symptoms which may lead one to suspect syphilis to be a factor in a given case. Even more important is it to find the latent case, the one which is giving rise to no signs, and in order to do that we must call into use the various laboratory tests.

It is well to bear in mind, as Osler tells us, that there are more families with the syphilitic than with the tubercular taint, and to remember that syphilis, like tuberculosis, is likely to flare up during pregnancy.

If, then, we must conclude that, as a conservative estimate, from

3% to 5% of our infant population have congenital syphilis, are we responding in full measure to the confidence placed in us unless we make every effort to discover which of each hundred babies that come under our care are the three or five whose lives can be saved, or who may be spared the almost certain ravages of late syphilis, by prompt application of modern treatment?

While it is too early as yet to have obtained figures showing to what extent syphilis can be reduced by prenatal care, we have already an accumulating mass of evidence which is leading to the conclusion that, if a pregnant syphilitic woman can be placed under thorough treatment before the fifth month of pregnancy, the chances of her bearing a healthy child are greatly increased.

Fournier states, in this connection, that "it has been shown that the infant mortality of the issue of subjects whose syphilis has been properly treated is only about 3%. In 45 pregnancies, however, occurring after the marriage of untreated syphilitics, the mortality was 82%." Work is being done in our own clinics which promises quite as striking results as these.

With a view to helping to minimize the ravages of syphilis and as an aid in the further reduction of infant mortality, the following suggestions are offered:—

1—That every child welfare or

prenatal clinic secure the services of a syphilographer as consultant.

2—That every such clinic include as a part of its equipment the necessary outfit for the taking of Wassermann specimens and for the performance of the Luetin test.

3—That every nurse entering the field of child hygiene or prenatal work shall have received thorough instruction in syphilis, including practical experience with syphilis in young children.

In securing treatment for infected members of a family in which a case of congenital syphilis has been discovered, many delicate and difficult situations will be brought to light. A syphilitic baby practically presupposes a syphilitic mother, with a strong probability of a syphilitic father as well.

By approaching the family on a

basis purely of health, without regard to any question of morals, a tactful nurse or social worker can nearly always succeed in bringing for examination the father and mother of an infected child, as well as other children who may have been infected by the syphilitic mother. Her success in securing the coöperation of the family will be measured only by her tact and resourcefulness and the intelligence of the persons with whom she has to deal. In dealing with the mentally defective, each case may have to be handled according to individual circumstances. The nurse or social worker will often have to secure outside aid in such cases, and, in doing this, she will need to bear in mind the confidential status of the disease in question.

A Little Mother

"Among the nicest things of all, one of the nurses thinks, is a fat small person aged four who solemnly entered the clinic one day with her doll, carried as if it were her baby, and without the shadow of a smile presented it for clinic attention. Fortunately we had a nurse who met the child half way. The doll was weighed. The doctor examined it, and a chart was given the little girl. She has not missed a clinic day for six months. The conversation is strictly business-like. "Does she sniffle?" asks the nurse. "No, she doesn't," replies the child. "Eat well?" The child nods. "She's very handsomely dressed; who makes her clothes?" "She makes her own," is the answer, and then with details entered on her card and a star pasted on, she takes her baby and goes home. "No, we've never seen another member of the family," the nurse replied upon inquiry. It is worth while considering the education of children and the early impressions stamped upon the plastic brain of the child.—Bi-weekly Bulletin of the Wisconsin Anti-Tuberculosis Association.

*Establishing Good Relations

How to Establish Good Working Relations With the Country Doctor, the Country Teacher, the Social Worker and the People.

BY VIRGINIA M. GIBBES

*Assistant Director, Public Health Nursing Department, Southern Division
American Red Cross.*

IT seems to me to be the universal history of development that the human race in its eagerness for progress ranges far afield from the essential things of life, and is brought back to them only by urgent necessity. Only of comparatively recent years has individual and public health been given earnest attention, and we are just now beginning generally to realize that the progress of our nation is based on wholesome life in the rural sections. It is the same shortsightedness that makes a man mortgage his home to buy an automobile.

Public health nursing is one of the many ways of meeting the fundamental needs of our country citizens. The general tendency is to organize on a county basis. The county demonstrator, the county welfare or social worker and the county nurse have each demonstrated their value as essential agencies for the improvement of country life.

In going into a new community or county the question that a Public Health Nurse first puts to her-

self is, "Who in this community is it most necessary for me to win over to my new work?"

The physician is the natural person for any nurse to look to for advice, assistance, and backing. If there is a full-time health officer who is a physician, he is the person to support the nurse's work; to give it dignity, authority, and in a large measure to direct it. In any event, a thoughtful nurse must realize that both her work and that of the health office is largely dependent for success on the cheerful coöperation of the practicing physician. In the country we still find the old-fashioned family doctor. He not only combines all branches of the medical profession in himself, but often includes a nurse's work among his varied activities. The country physician must often have memories of his hospital days, when a nurse was ever present as assistant and where orders were carefully carried out, and no doubt he has wished for nurses in the country. When he first hears of a Public Health Nurse in the community he naturally begins to wonder if she is going to be of any use to him. "It is all off" if she is known as an educa-

*Paper read before Informal Conference, N. O. P. H. N., Atlanta Ga., April, 1920.

tional nurse. He immediately concludes that she is one of those high-brow nurses who do not nurse; a reformer come to disturb the peace of country life. Teaching by another name is often more effective.

If the nurse can present to the county physician, either individually or at a medical society meeting, a definite, practical plan for teaching the country women how to carry out his orders and give essential nursing care to the sick in their own homes, she has taken the first step to win him over. She must also make it clear that the ethics which obtain in training school between doctor and nurse are carefully observed in the community as it relates to his practice. In addition to this, she can bring to his attention the fact that if her work is successful the physician will receive calls earlier and his practice should be more satisfactory and extensive.

She should talk over her plans for developing school nursing, prenatal nursing, infant and child-welfare work and tuberculosis nursing with the physician; find out what he thinks about it, secure his interest, and so pave the way for future coöperation and assistance. The chances are that if the physician is made to feel the importance of the contribution which he can make to the work he will give some time to it. The watchword in working with the physicians in a community should be "Strict neutrality."

Before entering the county schools the nurse must secure the consent and approval of the school board and county superintendent. It is essential that she should have the indorsement of those high in authority, but her real working partner for accomplishing things worth while in the school is the teacher. Let us stop a moment to consider the general situation in the teaching profession to-day. Last year 50,000 vacancies existed in teaching positions, 120,000 inexperienced teachers were used to fill positions that would otherwise have been vacant. One-fifth of all children went to school to teachers who had less than a high-school education. In the rural schools one out of four teachers has had less than one year's experience, and one teacher in four in the United States is no more than 21 years old. We can well understand the reason for these figures when we realize that the average salary of teachers in the United States is \$631. Why is it that the people of our country have allowed such a situation to exist? What can the Public Health Nurse do about it?

In spite of these facts, many of our finest men and women have remained in the teaching profession; one reason why their salaries are so poor is that they themselves have given the matter so little attention. They are idealists.

Whatever the country teacher's status may be, the nurse must be prepared to respect her, to make the most of her, and help her make

the most of herself. In approaching the teacher, assume that she is interested in every phase of her children's welfare. Consider her convenience in visiting the school. Find out the result of her observation of the children, and encourage her to notice them more carefully.

In visiting a school only as much time should be spent as is necessary for good results; it is well to consult the principal upon arriving and plan the day's work according to the convenience of the teachers, in order to interrupt the general routine as little as possible. Definite suggestions should be made to children, teachers and principal regarding findings of class room and building inspection.

In every instance the nurse should let the teacher see that she appreciates the significance of his or her work. She should always keep in mind that each school is the most important school in the country to the teachers and pupils. By enthusiasm, cooperation and hard work, any school can be made a better school. The nurse is undoubtedly going to make a little extra work for the teacher. If she can show the teacher that she, too, is ready to do all her duty, and *then some*, the teacher will, nine times out of ten, meet her half way. Thus we have more profitable public servants.

By good team work, the nurse and teachers can introduce into the schools physical education that

will be really effective. To meet with the school district teachers, or the county teachers where the superintendent is present, and discuss plans for health education is decidedly worth while and is often productive of a definite plan. If nothing has been done toward this work the nurse should present an outline of subjects and ask for suggestions as to how best they can be adapted to each group of children. The modern health crusade might be introduced.

Any Public Health Nurse doing school work should keep the teacher's problems and difficulties in mind, and never lose a chance to use her influence in bringing to the attention of the public the necessity of higher salaried teachers and improved schools.

The rural social service worker and the rural Public Health Nurse are both comparatively new. In some instances the social worker precedes the nurse and she may be instrumental in awakening the public to the need for a nurse. Where this is true the nurse should graciously acknowledge the fact. Whenever either the nurse or the social worker begins to be anxious about who should have credit for a given piece of work she may be sure that she has ceased to work for the community and started to work for herself.

The social worker and the nurse are interested in the same problem from different angles—the development of a normal, happy indi-

vidual, family and community life. Cheerful coöperation is essential to success. If the two workers are personally congenial, all will be well. If they are not, each must realize that the work is bigger than either of them, and that if they are unable to set the example of a smooth relationship, they cannot expect the community to put into effect the basic principle of the success of all development, which applies to organizations as well as individuals, to lose one's little self in the great cause of service to humanity.

The object in establishing working relations with the agencies I have mentioned is to enable everybody concerned to give better service to the people. So much has been said and so much could be said on how to win people that I hardly know where to start. "A good mixer," is a term much used, and we think of a versatile person who gets along well with all types of humanity. A country nurse must never be too hurried to "pass the time of day." She must be conversant with politics and crops. Country people do not emphasize efficiency, but they expect it and appreciate it. Her humanity is the medium through which she wins the people, and her professional ability and advice are the gifts which the Public Health Nurse is privileged to offer.

It is well worth while to study the history of the state in which we work. A school history is easy to read and gives the essential

points; then, too, it is the text book that most of the local people studied, so it helps us get their viewpoint. No intelligent knowledge of present community conditions can be had without a knowledge of the past from which they have developed.

It is the easiest thing in the world for a Public Health Nurse to become absorbed in her work, so she must take special care in guarding against it. It doesn't do to be all nurse. There are always so many fascinating things to be learned about a county or community—the trees, the birds and wild flowers which are peculiar to it. Besides being a liberal education to the nurse, such knowledge supplies points of contact with the people. With knowledge of a community comes a love for it, and then is the nurse ready to serve in the highest capacity.

One winter in a little town in the middle west, one of my school children who lived on the edge of town had double pneumonia followed by empyema. I visited twice a day for nearly three months. It seems one evening the family was discussing the Red Cross Nurse. The father said, "Yes, I like Miss Gibbes, she's so nice and common." The little boy chimed in, "She's common, all right, she's been wearin' that same blue dress ever since school began." Now I wouldn't advise any nurse deliberately to set out to be common; but possibly it comes natural to you, as it does to me.

From House to House

BY PAUL B. HOWLAND

EDITOR'S NOTE:—The following play was recently acted with great success in Providence, Rhode Island. Two very good amateur actresses took the parts of Mrs. Martin and Mrs. Grossbeak, and one of the district nurses took the part of the nurse, really not acting at all, but simply being herself, and introducing a good deal of demonstration and, while bathing the baby—a process which occupied a considerable time—improvising conversation. A Chase doll was used for the baby, as it was feared that a real baby might cry.

INTRODUCTORY NOTE—(*Enter Mrs. Martin from door up C. with small bottle of milk. She looks at baby on bed to see if he is still asleep, crosses to table. Puts milk bottle down and sits wearily in chair by table, throwing off shawl. A knock at door. Mrs. M. crosses to baby, fearful he will awake, and then says quietly, "Come in." Mrs. Grossbeak enters bustling.*)

Mrs. G.—I seen yer coming in an' I thought I'd run over and see how yer was.

Mrs. M.—Sh!

Mrs. G.—Oh, is he asleep? (*Mrs. M. nods "yes."*)

Mrs. G.—(*Sotto*) Well, how are yer Mrs. Martin, anyway? I ain't seen yer for the two months past I guess.

Mrs. M.—Not any better.

Mrs. G.—Been down all this time, have yer? Ain't that terrible havin' yer sickness drag on like this and no one to look out for yer.

Mrs. M.—Well, there's nothin' to do.

Mrs. G.—It's fierce when sickness lasts so long and keeps yer in suspense, not knowin' whether you are goin' to die or not. I'd rather

have it over one way or another once and for all. Then you'd know just where you stand. I say yer might as well be dead as half dead.

Mrs. M.—It is pretty discouraging, and with a baby too.

Mrs. G.—Sure it is my dear. I don't like to be a gloom, but yer look a heap worse than yer did when I saw yer last. Anybody been in to see yer?

Mrs. M.—Oh, one or two of the neighbors. They've been good to me. But everyone is busy lookin' after their own. If it wasn't for the baby and Joe, I'd get pretty lonely for the sight of someone to talk to.

Mrs. G.—Well, yer ought not to talk too much. It's bad for the nerves. That's what my man says to me. Now tell me all that's happened to yer since I was here.

Mrs. M.—Nothin'. Oh, I'm all done up, Mrs. Grossbeak. I'm discouraged. I can't do what I ought to for the baby nor Joe. He's a good lad, but he doesn't know much about housework, and he's too tired when he comes from the mill to do much anyway. He does what he can, but I feel that everythin's slip-pin'. I don't know what I'd do

without Joe. He's my only support since Ned died. It's takin' his young strength.

Mrs. G.—Now don't worry about him. He's young and he'll get along all right. What you want to do is to look out for yourself.

Mrs. M.—Look out for myself! I'm not worth looking out for. It's only for the children. I can't do nothin'.

Mrs. G.—It's a shame no one ain't been here to help yer. I woulda, only I been turrible busy and not a bit well myself since I had the Flu.

Mrs. M.—There, he's awake.

Mrs. G.—Oh, I hope I didn't wake him.

Mrs. M.—No, I guess it was his time. I figured to get back from the store about when he was ready for his milk.

Mrs. G.—(*Goes to bed. Mrs. M. drops down to foot of bed.*) Ain't he a dear. Let's see, he must be about 8 months old, isn't he? And so thin!

Mrs. M.—He worries me a lot. He doesn't seem to get any better. Reach me the milk bottle, will you? (*She sits in rocker by bed. Mrs. G. goes to table.*) There's a spoon there somewhere, isn't there?

Mrs. G.—I'll open it for you. (*She opens bottle with fork.*) Where'd you say the spoon was?

Mrs. M.—There must be one there somewhere.

Mrs. G.—Guess you haven't washed the breakfast dishes, have you? Here's one. I'll go in the

kitchenetty and wash it. (*She exits at door L.*) Land sakes, this kitchenetty is a terrible lookin' place.

Mrs. G.—I haven't got around to doin' it.

Mrs. G.—(*Enters.*) Well, we can't do everything. Lot's of dust here, too. But don't worry. (*Gives Mrs. M. spoon with which she feeds baby.*) But I don't suppose you feel equal to it and if I was you I wouldn't bother. There's more important things in this world to do than to dust. Is he eatin' the milk?

Mrs. M.—Yes.

Mrs. G.—(*Watching her.*) Mrs. Martin, it's my opinion that you gotta have a doctor or somethin'.

Mrs. M.—One came here yesterday. I got desperate. I couldn't see him fadin' day to day. I gave him a dollar, but he wouldn't take it.

Mrs. G.—Wouldn't take it! Land sakes, was he a regular doctor?

Mrs. M.—He was a young man.

Mrs. G.—I guess he hadn't much experience.

Mrs. M.—He left some medicine.

Mrs. G.—Medicine, too!

Mrs. M.—And said he'd call again in a few days.

Mrs. G.—Well, all I can say is that he must be the millenimum! Say, I know what you oughta have. You oughta have a district nurse.

Mrs. M.—Oh, no—

Mrs. G.—They're the greatest things in the world. Ever hear of them?

Mrs. M.—Why, yes, but I don't want any strangers comin' in here.

Mrs. G.—Strangers!

Mrs. M.—The place looks too bad. I'm ashamed in front of strangers.

Mrs. G.—Now looka here, Mrs. Martin. It ain't your fault, and there's places worse than yours. A district nurse is just what you want. Why didn't I think of them before? And I saw Miss _____ going into Mrs. Brady's as I came across the street. I'll go right over and get her. She'll be glad to come in. She pulled me through when Bobby arrived, fixed the house and everything. Now you just wait. *(She starts to go.)*

Mrs. M.—No, no, you're awfully good, Mrs. Grossbeak. I'm all right.

Mrs. G.—You're not all right and you know it. If you won't help yourself, I will. *(She gets nearly to door. There is a knock.)* Now who do you suppose that is?

Mrs. M.—Come in.

Nurse—*(Enters.)* Good morning.

Mrs. G.—Well, speakin' of the devil—I mean angels. Come right in Miss _____. This is Mrs. Martin.

Nurse—Mrs. Martin, Dr. Patton spoke to me about you and asked me if I wouldn't drop in. Your house happened to be in the neighborhood I visit today, and I am only too glad to see if I can be of help.

Mrs. M.—*(Rises and goes weak-*

ly to her.) It's awfully good of you, but I'm all right, thank you.

Mrs. G.—You're not all right and you know it.

Nurse—Sit over here, Mrs. Martin, and we'll have a nice talk. *(Mrs. M. starts for stiff back chair at L.)* No, you take the rocker. *(Nurse places rocker at foot of bed so that Mrs. M. sits in it facing her. Nurse brings straight chair to head of bed.)* I want one of the straight chairs. Now—

Mrs. G.—Well, I guess you don't need me any more. I gotta get a boiled dinner started. I tell yer what I'll do. I'll make some gruel and bring it over. Now, don't say a word. You just listen to Miss _____ and do everything she tells yer. *(To nurse.)* Come and see me when yer can. Bobby's fine. I don't suppose you have much time for social calls, but there's a dish of tea waitin' for yer on the stove, any time yer want to drop in. I'll be back in with that gruel. *(She exits.)*

Nurse—That'll be fine. Thank you!

Mrs. M.—I'm ashamed the way the place looks, but I didn't used to be this way. Somehow I don't seem to get around to it. The days are long enough, but—

Nurse—I think you've been just right in not using up your strength. My, what a lovely baby. *(Mrs. M. brightens.)* Your little cheeks are going to be fatter soon. *(She takes up baby.)*

Mrs. M.—Is he awful thin?

Nurse—I should say not. You should have seen another baby I saw this morning. Two of them in fact.

Mrs. M.—And were they worse? I didn't think it could be.

Nurse—Mrs. Martin, I wish I could take you with me from house to house. In one day I'd show you that you're very fortunate in comparison.

Mrs. M.—(*Encouraged.*) Yes, I suppose there are worse off.

Nurse—And do you know, a lot of time, all people need is a little encouragement and instruction. You'd be surprised to see how few really know how to go about things. That's why we have district nurses. Of course when people are sick, they can't do things, and need to be helped.

(*Start demonstration.*)

Nurse—Mrs. Martin, what have you been feeding the baby?

Mrs. M.—Condensed milk. Dr. Patton says I must feed him cow's milk and I don't know anything about fixin' it.

Nurse—Well, I have come to show you just how it should be fixed. Have you any cow's milk?

Mrs. M.—Yes.

Nurse—You know condensed milk contains 54% sugar and there is nothing in that to build bone. Cow's milk is the next best food to mother's milk if properly fixed.

First, measure milk. Milk, 16 oz.; water, 16 oz.; sugar $1\frac{1}{2}$ level tbs.; boil 3 mins. "to kill all germs." Give 5 oz. every 3 hours.

Nurse—(*Looks at baby.*) Did you bathe your baby this morning?

Mrs. M.—Oh, no! I haven't bathed him since he has been sick. It seemed like he had a fever and it ain't good to bathe him when he has a fever.

Nurse—Oh yes! Sick or well, bathing is good.

(*Bathes baby, explanation of dressing. This is a long piece of work, the nurse talking constantly as she works.*)

Now Mrs. M., you hold the baby while I fix the bed. I'll be around again tomorrow to see how baby is getting along on his new food.

Mrs. M.—Oh, I hope you will. I can't say how glad I am you came. It seems as if a weight had left me. Thank the doctor, and you will come again?

Nurse—I surely will.

Mrs. M.—Oh, if there was only something I could do to repay you, but I can't. It's awful hard to make ends meet. Everything costs so much nowadays.

Nurse—Well, that's all right, Mrs. M., it will not cost you anything. The District Nurse Association is glad to give free service to people who cannot pay.

Mrs. M.—Doesn't anyone pay anything?

Nurse—Oh yes! Those who can afford to pay. It costs the Association sixty cents for every visit made by the nurse.

Mrs. M.—Well, who pays the nurses then?

Nurse—The money collected on Tag Day—which, by the way, comes next Saturday—helps toward supporting the Association.

Mrs. M.—Then that's the way I'll help. Joe will bring home some more money before then, and I'll buy three tags, one for Joe, the baby, and myself.

Nurse—That's just the way we want people to help us, and it's very kind of you, Mrs. Martin. Now I must be going. Take care of yourself and be sure you and the baby go out this afternoon and get some fresh air and sunshine.

(Mrs. M. goes to rocker and weeps silently. Enter Mrs. G.)

Mrs. G.—Here's your gruel. Well, what's the matter?

Mrs. M.—I don't know, I feel sort of happy.

Mrs. G.—You come here and eat this gruel.

Mrs. M.—(*Rising and crossing to table.*) This is awful good of you, Mrs. Grossbeak, to bring this gruel. (*Laughs a little.*) But do you know, since that nurse was here, I feel almost as if I could eat some of that boiled dinner.

Mrs. G.—(*As curtain descends.*) Ha! Ha! Ha! That's the way! Didn't I tell yer I knew you'd buck up? (*Mrs. M. eats gruel, smiling.*)

Christmas is Coming.

A Florence Nightingale Centennial Calendar is being prepared by the Committee on Education of the League of Nursing Education, the proceeds to be devoted to a fund for the new National Nursing Headquarters. The calendar will have an attractive cover, in colors, and will contain a short characteristic quotation from Miss Nightingale's writings for every day in the year.

The cost will be \$1.00 and the calendars may be secured in single copies or quantities from Miss Albaugh, National Nursing Headquarters, 156 Fifth Avenue, New York. It is hoped that Nursing Schools and Nursing Organizations will make a special effort to push the sale of the calendar not only as a means of helping our newest coöperative nursing enterprise but also because it will help to make us all more familiar with the many wise, witty and strikingly pertinent sayings of the founder and genius of modern nursing.

*The Nurse as Sanitarian

BY JANE VAN DE VREDE

Director of Nursing and Public Health Nursing, Southern Division, American Red Cross

AN electric spark and the motor of an engine turns the wheels of the machine of industry or the motors of commerce. The parts are made, assembled, and adjusted; they work, they wear, and are replaced by others in part or in whole.

The fusion of two germinating cells, and the life of the individual begins. But, unlike dead mechanisms, it can not be made with hands, but forms its parts by selection and growth, first cell by cell in embryo, directed, controlled, and nourished by the parent body; by birth, launched upon an individual life, with perfect or imperfect parts or organs, still helpless in infancy and early childhood to make or improve its chances of development and growth, or to combat influences of retardation or extermination.

Knowledge regarding the body or physiology and the application of that knowledge to living or hygiene should prevent death and prolong life. In infancy and childhood the responsibility must be assumed by others; with development and understanding it should be assumed by ourselves. Conditions imposed by heredity and

those determined by environment will determine the results.

We speak of personal hygiene or habits of health. These are largely inherent or acquired only after practice, while public hygiene must deal with our environments and be imposed upon us and others controlling the conditions which determine the common causes of decline or decay of vigor and life or its destruction altogether. Public hygiene constitutes sanitation—the application of the knowledge and principles involved in “sanitary science.”

Sanitary science must, of course, depend for its greatest progress upon the physician of the new school as the source of information and the authority for measures for its extension and practice. But closely following discovery must come application and practice.

This demands education not of a few but of the many. The signs of an educational awakening and a deepening conviction of the importance of health teaching are to be seen on every hand.

Dr. Braisted, the new president of the American Medical Association, said at the recent convention in New Orleans, “Begin the child’s education by teaching him health before anything else.” The committee of the American Life Association reports that 54,000,000

*Read before the Southeastern Sanitary Association, Charlotte, N. C., May 25, 1920.

of the population of these United States live in small towns and rural districts. Reports of educators say 12,000,000 of our children are taught in one-teacher rural schools.

Obviously, then, to carry out any country-wide program of health education we must reach not only the homes and schools in our cities but carry the message to every rural home and school as well.

The agent, whoever it may be, by which this can be most quickly accomplished will make the greatest contribution to sanitary science. There are a number already at work.

Certain of them stand out because they are the natural and logical factors dealing with the individual in the home. First and greatest, there is the mother. But only in small numbers has she been taught anything at all about her own health and less about how to care for her children. Three hundred thousand babies die in their first year of life from preventable causes. Could this happen if mothers were fully informed on the care of infants?

Then there is the teacher and the social worker. But both of these are first known in family life in another rôle and with a definite program. It is difficult for many to see in them the source of health knowledge, and not all of these agents have had special training along this line.

In the last 50 years we have been adding a fourth worker, dealing with disease and health in the home. In my mind—and I say it with all reverence for the three classes of workers just mentioned—she is a sort of combination of them—foster-mother, teacher, social worker. I speak of the nurse. She is being spoken of to-day by national leaders as one of the greatest agents for the rapid extension of health education. Every woman who has nursing knowledge and experience should be in an attitude of prayer for strength and wisdom to share to the fullest this opportunity for service.

From the very moment when women, under Florence Nightingale, first took up the work of nursing the sick along scientific lines, the value of the trained nurse in the scientific care of the sick has been gaining recognition. "Training," said Miss Nightingale, "is the secret of successful nursing." In the light of more than 50 years' experience, we admit that scientific training is the only way in which our sick can be properly cared for, or, what is more important, that the well can be prevented from becoming sick.

The battle of life is a constant reaction to hereditary and environmental manifestations. The nurse begins this battle with the mother, marshalling her mother-love of beauty and perfection for her child to the task of improving her own habits of thought and well-being;

to foregoing the food, the clothes, the excitement, the indulgence which retard the interests of her unborn babe, and promoting those things which will enhance them.

At birth she assures the child its heritage of sight; its right to proper cleanliness, food, air, sleep, clothing and normal development. To the mother she insures freedom from infection, hemorrhage, and other accidents. The 17,000 mothers who died last year in childbirth might have been saved were the services of skilled nurses universally available for this highest function of the race. The 300,000 mothers who annually stretch empty arms to heaven might be spared this anguish were nurses supplied by State and community in behalf of these infants for whom the nation should be responsible. So far as her services are available, the nurse keeps in the hollow of her hand both mother and child until school claims the child for a part of each day.

And in the school she does not abandon her charge. Here she aids the physician in measuring and weighing the child; in noting defects of hearing; vision; impaired nutrition or development; deformity or malformation; the presence of diseased tonsils or teeth; the growth of abnormal tissues; the signs of congenital handicaps of body or brain. She goes into the home to persuade the mother to accept the advice of the school physician and to take her child to the

family doctor for a definite diagnosis and treatment. She can talk over with the teacher the causes for mental retardation, the need of special classes and equipment for the defective child, etc. Once the triumvirate of mother, teacher, and nurse is established for the physical well-being of the child a powerful force for good health will be assured.

Perhaps the ministrations of the nurse in acute illness give her her best passport as a health worker. She alone of all the agents knows how to demonstrate the comfort-care of the sick. The countless little arts of punching a pillow into the only place where it fits; of making a support for a tired back, or limb, or head; of securing ventilation without draft; of giving a bath as though carrying out a religious procedure, though she neither immerses the patient nor sprinkles her; of administering disagreeable treatment or medicine so that neither smell nor taste nor sight is offended; in fact, in showing the family and the sufferer how to do away with all the discomforts that are not directly attributable to the malady.

In communicable disease she stands the sentinel to prevent its extension by the watchful and thorough destruction of all offending substances, and by prevention of personal contact of the well with the sick, except as necessary for the well-being of the sufferer. When necessary to leave the pa-

tient in the care of others, she limits their number and instructs them as to the practices she herself observes. Her observation of conditions, carefully noted and recorded, is often the source of information as to the causes of infection.

Tuberculosis, though its cause has been definitely known for over a generation, takes a toll annually of 150,000 lives, with ten times that number constantly ill of the disease. Here the nurse can make a great contribution. She is one, at least, who does not shun the patient. She knows of many like to this one who have recovered and lived long and useful lives. She explains the slowness of the process that perhaps from infancy has smouldered to break forth in flames at mature age. She can, therefore, with greater strength demand the long and tedious, but sure, route to health. She can emphasize the building of new tissues, the destruction of waste thrown off; can enforce without offense the isolation necessary. She recognizes in the chronic sick the health problem of the child in their midst.

Cause and effect, "the sins of the fathers to the third and fourth generations," are known to her. And therefore how gently and naturally she can unfold the truths of development and control the impulses of the child in regard to the underlying principles and purposes of life, which alone can make the only sure foundation in the prevention of social diseases.

All these visitations she records and classifies. All the conditions of history, of housing, of food, air, water, and disposal of waste which surround, precede, or follow them she tabulates. Their relations and application set forth knowledge that, by comparison, may be used to establish hypotheses which, if accepted, lead to improvements before history can repeat itself in toll of human life and suffering.

True, nurses have been slow to recognize the importance of the information they secure or their place in the prevention of disease and prolongation of life. But the world has suddenly awakened to this value and opportunities for service are being thrust upon them. They are being demanded in home and in hospital (the original limits of their field of service) in ever-increasing numbers, but no less in school and college, in workshop and store, in town and country, in all departments of Government service, in State and municipality, in office and commercial enterprise, in clinic, laboratory, and dispensary; as sanitary inspector in industries, on trains and on shipboard, and, I doubt not, soon will be called on for air service. They are being requested for all peoples and for all the countries of the world.

We have in this country about 150,000 graduate nurses; less than 10,000 are specially trained for public health work. At least 50,000 are needed, but these can ill be spared from the ranks of those who care

for the sick on a private basis in home and hospital, for trained nurses are even now ministering to less than one-third of those ill.

There are 19 universities that are affiliating higher education and hospital practice for schools of nursing. About 1,500 other schools are connected with hospitals offering facilities for theoretical and practical training. About 15,000 nurses are graduated from these schools annually. This gives us some 200,000 graduates and students, or one for every 5,000 of our population. At present those vitally interested in the training of nurses are greatly concerned with the shortage of students who are applying for entrance to schools of nursing. This should be of grave concern to the country at large if we believe that the nurse has proven a valuable factor in the prevention of disease and the promotion of health. All circumstances that might be considered responsible for this shortage of student nurses should be investigated and removed or changed. One can

not believe that opportunities for satisfying service, such as are being thrust upon the nurse of today, would not be embraced in greater numbers if the opportunities of education and living conditions during their training were more satisfactory. We are demanding of the nurse the assumption of much responsibility for the health and welfare of the nation. In view of this demand, we should give her the best opportunities possible for education and training.

The contributions she has made in the past, and the greater contribution she is making today, insure for her the title of sanitarian as well as that more familiar one of *nurse*. And it is no boastful assertion to say she takes her own important place among the great forces for physical, mental, and spiritual progress along with the physician, the teacher, the social worker, and is close to the people themselves, whose combined efforts are necessary to prevent disease, prolong life, and promote health.

Tabby was giving her four babies a bath on the back porch, in true cat fashion. Elizabeth watched her for some time, then remarked to her mother: "It's a good thing the visitin' nurse don't see how Tabby washes her babies."—Chicago Tribune.

A Forward Step in China

BY CLARA A. SARGENT, B. A. M. D.

Council on Health Education of the National Medical Association, China; Medical Missionary Association; Y. M. C. A. and Y. W. C. A.

HAVING been called down from Peking Language School to Shanghai, I was consumed with curiosity and interest to know through what channels my work would develop. Seeing the need on every hand for health education, and knowing that it would be splendid if this and that line were developed, it was rather a difficult matter to know just in which direction the National Committee would extend our efforts.

A splendid step had already been taken in that the National Committee of the Y. W. C. A. had voted to join forces with the Joint Council on Health Education of the two medical associations of China and the Y. M. C. A., Dr. Peter, whose work is already well known, as the Chief of the Staff, and Dr. Woo representing the China Medical Association.

I knew pretty well the line which appealed to me as being most practical for us and that I personally would enjoy most of all. It was concentrating on girls' schools of high school and normal standard, both mission and government, and getting at the masses through them, with the addition, perhaps, of commencing in Y. W. C. A. centers

and giving classes for the intelligent women we might gather.

Happily, this was appointed as my work; and, during April and May, I taught in our school, giving the girls a mixed course on first aid, sanitation, and prevention of diseases. I wanted to give them this material in such a way that they might use it next year in their teachings of others. So I had them write their own talks on these subjects and draw charts to illustrate. The school furnished all the material, and borrowed many charts from the Council on Health Education for them to copy. Besides these, the school is giving them quite a bit of collateral literature which they can read at leisure and which will supplement the material given them for their courses. The girls themselves were delighted with the idea, and coöperated beautifully. Their interest and response was a constant inspiration to me.

Then, out of a clear sky and after thinking our course was well laid out, we had an invitation to join in a Health Campaign. We were rather shy of health campaigns, first of all because it seemed to us that they are sporadic efforts reaching thousands of people who are attracted by in-

teresting methods but who have little foundation upon which to build up the ideas you wish to give them. "And the rain and the wind" of conditions and circumstances tear down most of what you put over. For, in most places, there are not enough workers to follow up the campaigns in such a way as to protect results.

This invitation was rather different from the kind to which we refer. It came through Dr. Peter, from Foochow. Last year Foochow had a terrible scourge of cholera, with 20,000 deaths. One of the Y. M. C. A. secretaries and some foreigners from the business men were numbered in this toll. The great need for the public to be informed along the lines of the cause and the prevention of cholera was strongly felt. Public effort and thousands of dollars were to be expended on idol parades, the only prevention the people, in their ignorance and superstition, knew anything about. And, strange to say, that didn't work. The Committee of Public Health and Sanitation of Foochow asked Dr. Peter's valuable assistance. Dr. Peter said there was little use to attempt it without the aid of the women, because the methods for preventing cholera lie largely in the kitchen and home, and the women must be reached.

So far as we were concerned, the educational work was to commence with the schools, depend largely upon the help of schools

during the campaign and end up with organized student "follow up" work; and we thought we would like to try to help in this particular campaign.

One never knows about boat schedules for Foochow, and, although I expected to leave somewhere near May 20th to 25th, I did not know just when. On May 17th, I came down to breakfast and found on looking at the morning paper, that my boat was scheduled to sail the next morning. That meant some hustling on my part, but, as always, others offered their good natured assistance, and I and my companions were on the boat in plenty of time.

These companions were a rather peculiar variety for a public health educator, being four huge flies, one huge mosquito and a rat! Yes, I lived with them in the same stateroom, and all because I was afraid of their being injured or not being allowed on board if they were not in my good company! They were models, being sent down for use in Dr. Peter's part of the campaign with the men.

The trip to Foochow carries one down the Yangtze River and along the coast of China to the mouth of the River Ming. It is interesting because of the variety of small boat life one sees and the many islands which make the scenery attractive. The River Ming is not deep enough for

steamers to go up to Foochow, so the boats anchor at the mouth of the river and passengers transfer to a small launch, or sailing vessels which are honored with the name of house boats. I was the only foreign passenger coming down, and so I piled in with a crowd of Chinese men 'steen deep in the company launch, and made my way up the river. The day was literally scorching hot, the first one of the season, to give me a "warm welcome."

Foochow is a beautiful city, built in among the mountains, and, whenever the Chinese sense of economy has been stayed, the growth of tree and vines and flowers is luxuriant. To get into the grounds of an old temple or school or foreign compound, one would feel as if one had stepped into California. I was interested to know that I was living in a home that probably several of my Detroit friends had contributed toward.

The first week we were in Foochow was used for getting acquainted and hearing all about the cholera experience of last summer. In consultation with the Health and Sanitation Committee, which really is a department of the Y. M. C. A. in Foochow, we mapped out our program. A man who had had some experience with health cartoons in the Y. M. C. A. was secured, and, together with him, I worked out a series of twenty-two posters to be used in

the campaign with the women. One out of each thousand women can read or write, and, because of this sort of foundation to build on, we knew that our methods must be very simple if we wanted to leave any complete or permanent idea. These charts told a story in pictures (only) of how germs leave the body of a cholera patient, by what means they are carried from the sick person to the outside world and what devious ways they traverse to get into another person's body. They were completed by a few pictures showing by what simple methods these germs could be prevented from entering the human body alive.

At the close of the week we were ready to meet the women doctors and nurses of the city, show them our plans and enlist their coöperation. There was a splendid response to the call, and we were able to plan for fourteen centers of work, at which places talks about cholera would be given for at least two or three days out of the week of the campaign. Two of these centers were to be my responsibility, and the others were each to be manned by a nurse or doctor. Several sets of our pictures were ordered for use in these centers.

The second week was given over to visiting schools, both government and mission, where we could get in touch with the girls of high school or normal school standard. Thirteen schools were

visited in all, and, adding to this some student nurses we met and talked with, 1,700 were reached. This was climaxed by a meeting of volunteer workers from schools and centers. One hundred and fifty were present. At this time, all the material was gone over and some additional paper posters we had printed were explained and given out by the hundreds to the different centers and schools. At the close, we felt quite ready for the actual campaign of the following week.

During the campaign, besides the fourteen centers at which meetings were held, many students and nurses went right out into the villages and into the court yards of the homes and expounded their subject, always cholera and its cause and prevention. The one college for girls, Wha Nang, closed for a day in some classes and for a half day with all classes, and their students went far and wide, reaching almost three thousand people. The respect the uneducated pay to these educated girls is quite wonderful. And it is well worth noting what a different matter it is now for a young woman in China to be so bold as to do things of this sort than it was five or ten years ago. Altogether, we reached about twenty-two thousand women.

Dr. Peter was invited to hold four meetings for women, and these were well attended. We

gave out tickets for these at all our other meetings. Then we had health films shown to women two evenings, and both times the place was jammed.

The work the men did was well attended and supported both by government officials and students, although it took some strained moments to make two such opposing elements in China today work into the same cause smoothly. Besides their meetings, a parade with floats demonstrating all the truths that we wanted to drive home to the minds of the simple people went through the streets daily.

The whole town was stirred, for how long, time alone will tell. But it was an impression upon which other impressions can follow. A few visible results were seen that week in the cleaning up and screening away from flies of cooked food. In fact, there was a run on netting. During another cholera epidemic, the truths can be recalled to the minds of the people and will be the more readily grasped for this experience. But the forward march that is not going to call a halt is the effect it has had upon the student class. They believe in it enough, and have been stimulated sufficiently to go on in the course that means precept upon precept, here a little, there a little; and education, hand in hand with economical reform, will make the desired change.

A Word from Over-Seas

Report from the School of Visiting Nurses, Rome.

BY ZINA FADDA

Italian Red Cross Nurse.

EDITOR'S NOTE:—The following report of the Second course carried on by the School of Visiting Nursing in Rome should be of great interest to American Public Health Nurses, first, because it is the result of our own particular contribution to the war-stricken countries during those terrible years when the women and children were suffering at home equally with the men at the front; and, secondly, because it was inaugurated and carried on by two of our leaders in public health nursing, Miss Gardner and Miss Foley, personally known to many of us, and whose title to leadership has been proven at home as well as abroad. The description of the cases visited by these Italian pupils shows us that they encounter the same problems met with by their sisters over here, and that they all bring to solve them the same spirit of scientific public health nursing, which carries with it not only comfort and relief but a constructive policy which leaves the patient with a desire for better things and a knowledge of how to procure them.

FIRST of all, in making my report, I must express to Miss Foley and her kind assistants, the lively gratitude of the pupils for their unwearied work as initiators and guides of our school, teaching us women of Italy, new to these methods, all the great and beautiful work that has been done in America in this important and vital branch of caring for public health.

It was with extreme regret and with moved and grateful hearts that we saw depart from Italy the gentle nurses of "outré mer," and, in taking over from them the far from easy task of directing the school, I have taken as the first step in my program to follow in every way the path so clearly traced for us by Miss Gardner and Miss Foley.

The practical part of the work has been carried on every day, generally from nine to twelve, in the

hospitals and in the homes of the sick.

The pupils have shown, generally, good will and interest in their work, which leads us to hope that their new life as Visitors will bear good fruit. To many, completely new to the social side of our work, it has been painful to go empty-handed to families living in squalid poverty, but, in a short time, their faithful interest and real help have won such regard and gratitude from the suffering poor that they have been able to vanquish every fear and enter upon their duties with serene confidence, with enthusiasm and with delight.

In general, our people, who receive the Visiting Nurse as a kind fairy, are prompt in following her advice, showing her, with friendly pride, the progress they have made between visits. Thus our work of hygienic and social propaganda bears its fruit daily, even in

the poorest and most wretched dens, where enter, along with the Visiting Nurse, sunlight, hope, and sometimes life itself, especially for the babies, whom a proper diet succeeds in saving and in making strong and healthy.

From the many cases visited by the pupils, I have selected several which seemed of special interest, and I transcribe the report in the pupil's own words:

January 8, 1920—Urgent call. Found the woman, a mother, 36 years of age, with five children, aged, respectively, 14, 9, 6, 4 and 1 year; the last nursed by the mother. The single room, inhabited by the whole family, was of the poorest description; damp, without light, with two pallets which lacked bed-clothes. The woman, with her nursing baby, slept in one; the four others in the other, without even a mattress. The woman had many tuberculous lumps on her legs, was bed-ridden, weak and feverish. She asked to be treated in the hospital and to be given help for her children. I helped and encouraged her and promised to return and care for her.

January 9th—Went to Bureau of Information to obtain bedding and sheets for the woman.

January 10th—Returned to the sick woman and found her spirits rather better. Showed herself very grateful for the bedding and sheets, and joyfully displayed them to me on the bed, which was clean and in order.

January 12th—Went to Hospital San Giovanni to get prescriptions and materials for the care of the patient. Applied the medicaments to her leg.

January 16th—Returned to give woman treatment and took her four tins of condensed milk for the babies.

Throughout all the month of February I kept up the treatment every other day, always receiving a hearty

welcome. The hygienic advice which I gave each time was being followed little by little, and, on February 28th, when I made my last visit, I left the woman in good condition physically, in clean surroundings and in better spirits, and I felt in her affectionate farewell all the gratitude the poor creature cherished for me.

—Corinna Doveri.

January 5, 1920.—Pediatric Clinic—Professor Luzzati.—Being on duty at the Pediatric Clinic, I was sent by Professor Luzzati to a pitiful case, which, because of the epidemic, could not be received in the hospital. Being Saturday and a holiday, the school was closed, so I had recourse to my directress, Signorina Fadda, and obtained from her the means of giving prompt help to the child patient, Teresa P., who was ill with bronchial pneumonia. The dwelling, excessively poor, was none the less very clean. It consisted of kitchen and bedroom. On my arrival, the mother greeted me with delight, as if expecting me to be the child's salvation. I took the little one's temperature, pulse, and asked for the most important details of the malady. Perceiving that her feet were cold, I remembered Miss Fraser's teaching, and spread newspapers between the sheet and coverlet, and also wrapped up her feet. I then heated water on the brazier and put a hot bottle into the bed; next prepared the condensed milk I had brought and fed it to the child by spoonfuls, telling the mother at the same time what to do for her during the night. I administered the medicines prescribed by the doctor and gave her an injection of camphorated oil, 10%. Seeing her condition very serious, I promised to come again next morning.

January 6th—Found Teresa much worse, and tried to give her all possible care, but warned her parents that she was very ill. While I cared for the child, her mother and numerous neigh-

boring women (who have developed great faith in me) watched me, praising and blessing our institution. All of them wanted advice, and, when I had finished with Teresa, I went with them to see various babies in the same house. Found many interesting cases, which I directed each to the hospital suited to its needs, and tried, at the same time, to give a little instruction in hygiene. I then went to tell the doctor of Teresa's bad condition and find out what to do for her.

January 7th—In spite of all care, the child died in the night. I limited myself, on this visit, to trying to comfort the mother. In the midst of her great grief, she found words of touching gratitude for me and for our work, telling me she at least had the comfort of knowing her little one had been cared for "like a gentleman's child." And who could say that anything more could have saved her? As I left the house, a crowd of neighbors saluted me as a friend and benefactress.

—Carmelina Raineri.

March 10, 1920—In a small room, very clean, I found the whole C. family—father, mother and three children, one nursing baby. In my visits I observed that the state of health of all in the house would afford material for study and profitable work. I found that the woman had bad hemorrhages almost constantly; she was pathetically weak. Her husband, being out of work, she could not have the strengthening food she needed. From the Bureau of Information, I procured milk and eggs for her. As her case was serious, I took her to the obstetric clinic, where it was diagnosed as menorrhagia. Vaginal injections of permanganate were prescribed and urotropine to be taken internally. I got everything necessary for her case from the school and went every day to give her the douches, being especially careful not to soil the bed-clothes, so hard to get and to keep clean in so poor a dwelling.

From accurate indications, I recognized that the father had gonorrhea. This troubled me very much, as they all slept in one bed, so I took means to get another bed for the children. I succeeded in persuading the woman to get her husband to go and be cured, warning her of the great danger of neglecting it. I noticed the oldest child's eyes were very red, so took it to Professor Valenti, at the Ophthalmic Hospital, where he diagnosed it blepharitis, and undertook the treatment of it. The second child also presented anomalous conditions—a narrow chest, nasal voice, slight deafness—all of which made me suspect adenoids. I took him to a specialist, who confirmed the fact, and operated on him.

To further the family's material well-being, I found work for the husband.

This case, which I followed with great interest, gave me much satisfaction, and proved to me practically how useful the work of visiting nurses might be; how great its advantages, physical and moral to our people, and how important in combating prejudices and preserving to Italy a sound and robust race. —Andreina Liccioli.

The lessons in theory were generally given in the afternoon, from two to five, and were followed with lively interest. All pupils made reports on work, prepared to show how much they had learned.

The course, followed to the end by thirteen pupils, finished March 14th, with examinations, and has left us pleasant memories and the hope that the new courses may have a larger following, so that the Visitors may be many in the future, to carry into the homes of our people the teachings of hygiene, the comfort of their presence and the help of their advice.

Relation of Industrial Nurse to Employment Manager

BY ELIZABETH ROSS

West Orange Community House.

THE work of the Employment Manager and the work of the Industrial Nurse must, of necessity, bring these two officials repeatedly into contact with each other, and, for this reason, it becomes a real tragedy when two of our most thoughtful leaders in industrial nursing should, on different occasions, have made the remark that they have found in the Employment Manager their greatest stumbling block.

It must have been in the hope of ultimately bettering this condition by enticing the nurse herself to occupy the position of Employment Manager that Mrs. Clarabel Hill's paper was presented at Atlanta and was afterward printed in the July, 1920, issue of *THE PUBLIC HEALTH NURSE*.*

At the present moment, it might almost seem of greater importance to find a means of keeping the trained nurse within the boundary of her own profession rather than to make her training the stepping stone to some other work, especially when the vocation under consideration is, at the present time, more limited in its opportuni-

ties and on an average pays less than does the executive position in any branch of nursing.

Miss Hill's paper brings out very clearly that, if a nurse is to succeed as an Employment Manager, she must submerge her special training and be able to observe the individual, not as would the specialist, but with a mind trained to know and to classify the values of each man and woman as an industrial unit. While a knowledge of abnormal social conditions is useful, a knowledge of the normal working man and his relation to normal living is even more important. All things considered, it would seem a waste rather than a benefit to use the trained nurse in the capacity of Employment Manager. If, instead, we could establish a better relationship between the nurse and the Employment Manager, much might be accomplished which would be of value to all concerned.

If we look closely into the organization of industrial management, it is not difficult to discover reasons for lack of coöperation between the Employment Manager and the Industrial Nurse. A glance over a few of the best organization charts and a visit to some of the largest and best equipped industrial establishments will show

*Mrs. Hill's paper was presented only because many nurses are doing the work of Employment Manager, especially in model plants such as Mrs. Hill's plant.

that very little thought is given to an organized health program, and, although the nurse is looked upon as an essential, she is usually subordinate to someone who does not even pretend to know anything about health work but who will, nevertheless (with his superiors, who are equally ignorant of the subject), decide all policies in regard to this important phase of industry.

The nurses themselves usually say that they are obliged to gain their points by indirect methods or by personal appeal, both of which methods are unsatisfactory when viewed at long range, because they are fundamentally unsound.

The safety and sanitation measures for which the safety engineer is usually responsible should not be confused with general health measures. This department is usually well organized, and, in most of the states, the laws of compulsory workingmen's compensation make it necessary that the employer protect and care for his workers. The system of industrial insurance also adds to the importance of this department. It might be said that the employer has learned to apply the lesson in the slogan of "*Safety First*."

Unfortunately, we cannot say as much for the "*Health First*" slogan. In most industries a real health conservation department does not exist. Everything is a makeshift, and even the best and most scientifically organized indus-

tries pay little or no attention to industrial disease or to the breaking down of the human machine because of fatigue or unsuitable employment, while the public health is not thought to be the responsibility of the industries. The work of the industrial nurse is strangely varied. In some cases she is simply a hospital worker, never going outside of her white enameled cage. In another plant she may be a sort of truant officer, who spends her time looking up the absentees and reporting what she may find out to the management.* She may give visiting nursing care to the beneficiaries of a mutual benefit association organized within the industry. An industrial nurse is often called upon to run a restaurant, or a library, or a company boarding house, or she is expected to take charge of a general social program. All of these activities are worth while, and it is because the nurse is able to come into close touch with the people that she is able to serve them in such a variety of ways, and, for this very reason, she should have a recognized place in the organization and a voice in the forming of policies when they affect her work.

One fact we must face, however,

*This so often violates the principles of industrial nursing, as well as of all nursing, that the relation between nurse and patient is confidential. She should not go to the homes unless her errand is to help, not to spy.

and that is that many of the nurses who are doing what is *called* industrial nursing have an attitude toward their work which, combined with their lack of knowledge of social and industrial conditions, is appalling. They have neither standards nor ideals, and the one event of the day is the blowing of the whistle or the ring of the time signal at five o'clock. It is when we consider this class of industrial nurses that we hesitate to blame the Employment Manager for lack of coöperation.

But, after all, it is the management which is to blame, because they are unwilling to acquaint themselves with the real needs of the position which they are pretending to fill, and it is the management which is to blame if it

fails to make sure of the real quality of the worker it is putting on the job. It is simply job analysis.

In these restless times, we are all anxious to help in the adjustment of the great industrial forces that make of our country a good or a bad place in which to live. The nurse has her part in this work. Industry needs our very best women. These women should be fully equipped for their work, and they should stand side by side with the employment managers, working without friction, and always with the same goal in view—the maintaining of an industry where the employer and the employee can work together, each one doing his part as a self-respecting and self-supporting unit of a great producing whole.

In less than 100 of the more than 26,000 factories in the State of New York outside of New York City are the services of a nurse utilized in health conservation of the workers. More than 750,000 persons are employed in these factories—Public Health Nurses' Bulletin, New York State Department of Health.

Saving the Child from Hookworm

BY KATE L. HALL.
U. S. Public Health Service.

TO the rural Public Health Nurse comes many a problem which does not confront the city nurse. Perhaps the greatest of these is the eradication of hookworm infection; certainly it is in our part of Virginia, Pittsylvania County.

It is the problem of the school child we are going to dwell on. That child has to be examined, treated and cured first of all. Then he must be educated, as well, in the laws of sanitation. The teacher who is teaching her pupils the meaning of the word "sanitary" does not realize that Johnny, who seems lazy and indifferent and has to be "kept in" day after day, is only a victim of unsanitary conditions around school and home. That his whole system is infected with a parasite which is fast drawing out the red blood God gave him, and, in return, shooting forth a poisonous liquid. That same teacher has to be educated, and so have the school boards, before they realize the value of sanitary toilets in their schools. The old method of toilets, with no sanitary protection, or, worse still, as we often find to be the case, only "woods," must go before the child has a fair chance. Also, the parents and the surrounding community must be educated, perhaps examined and cured, before the

child is anyway "safe." Then, and not until then, do the barefooted children who play around get anything like a square deal, for the human excreta from the intestines of an infected person, when deposited on the unprotected surface of the ground, brings with it eggs of the female hookworm. These eggs, when exposed to warmth, air and moisture, soon hatch, and a tiny, squirming worm, known as hookworm, is visible to the naked eye, and waits for a boy or girl barefooted to walk over the polluted soil. As soon as they do, the worm catches hold, begins to bore its way into the skin, then into the intestines, and so goes the cycle.

Thus, it may readily be seen how the hookworm problem looms up before us as a black cloud. It is up to us to turn that cloud inside out for the sake of the child, who is some day to rule our nation.

The hookworm campaign in our country may be shown better, I believe, in giving our routine methods. Dr. W. P. Caton, the County Public Health Officer, deserves the greatest credit.

The following is our routine inspection. We do the regular medical inspection along with our hookworm inspection, but we will

only discuss the part which relates to the latter.

Loaded with two suitcases and portable scales, we (Dr. Caton, Mr. Venable, the Sanitary Inspector, Mr. Ramsey, our County Superintendent of Schools, and I) drive up to a school house. The building is unpainted and rather dilapidated looking. As we approach, we see one toilet, in name only, unprotected and as unsanitary as if it had the label in big letters pasted on its side. This is for the girls. The boys are not so lucky. Climbing up the rickety steps, we see a water bucket on the floor in the hall. The teacher comes out to greet us. Our mental observation is, she has "hook." We enter. Eyes of the children grow big, some even shed tears, but, as one child put it the other day, "I cried at first, but I soon found it was funny, and I laughed." Imagination plays a big part in the minds of these children, and occasionally in the teacher's. One asked me the other day if we wanted to remove the tonsils while we were there; another wanted to know if I wanted her to examine the specimens for hookworm. We have found that the response of the children in sending specimens depends largely on the attitude of the teacher.

After making a mental survey of pupils, we can usually give a good guess as to the infections to be found. However, we run no risk, and endeavor to get a speci-

men of each child's bowel movement.

We give the teacher as many containers as she has pupils on roll. Then, as many circular letters. We request her to fold the circular letter, place it in an envelope, which we provide, then place, also in the envelope, as many boxes as there are children in the family, with the name of each child and the age written on the label, seal the envelope and give it to the oldest, most responsible child, girl preferred, and ask her to deliver it to her parent. Should the teacher treat this matter as funny, or show false modesty in the matter, we do not get many specimens, but we have, as a whole, had very good coöperation.

After the teacher has given the envelopes to the children, they carry them to their parents, and, if the parents are progressive, the child brings back to school a specimen of his bowel movement, which the teacher keeps in a large tin can, covered, along with the ones the other children bring, until she has them all; then she expresses them to Dr. Caton, at Chatham. They are examined, and, should an infection be found, a notice is sent to the parents, along with a booklet on "The Little Boy Who Never Grew to be a Tall, Strong Man" and a pamphlet on "The Pit Privy," sent out by the Virginia State Board of Health. If the treatment is in-

duced, we send it to him free, following the family up, examining, probably treating and curing them. The Sanitary Inspector instructs as to sanitary toilets.

Occasionally, we find children fourteen years old in the "primer," and whose parents, we hear, cannot read or write. These families we follow and endeavor to explain to them the importance of examination for hookworm infection, or, if, during medical inspection, Dr. Caton finds a child particularly anaemic or underweight, he designates same by "XX" in the anaemic and poor nutrition column, and, if those cases do not send specimens, we follow them up personally.

In a county as large as Pittsylvania, with 60,000 inhabitants, it

seems a mammoth task to try and sanitize. Still, when we see one child dwarfed and stunted before taking treatment, watch his steady improvement and hear his grateful mother's praise, we feel full of gratitude also, and, as it has been said, "A little child shall lead them." Thus may the school child lead the farmers, teachers and school boards until there shall be a sanitary privy in every home and school.

Since October, 1919, 2,400 school children have been examined for hookworm infection, and 16% have proven infected. A rather peculiar incident here is that only a little over 3% of infection is among the negro children. Treatments that have been induced number 136.

The nurse was attending a baby who had an umbilical hernia and she used in bandaging a silver quarter for pressure over the hernia. A few days later she saw the mother and asked if the baby was better. "Oh yes," said the mother, "but the bandage is off." "Off," said the nurse, "why?" "Well, I needed a quarter for gas, and didn't know where to get the money, so I took it from the bandage." A part of the Department's educational propaganda evidently must include trying to impress the mother with the fact that sometimes an umbilical hernia needs a quarter more than a gas meter.

“That Family of Jamersons”

BY AGNES PICKETT KLOMAN, R. N.

Fanquier County School Nurse, Warrenton, Va.

“**W**HERE is that family of Jamerson’s?” asked the doctor, as he dismounted from his horse at the foot of the mountain in Kentucky near the village of L—. “They used to live way up on the mountain side to the left.”

“Wall, Sur,” drawled the mountaineer, “they’ve moved away from thar some three year back. Awful sickly lookin’ famly they ust to be, and just as poor as dawgs. Awful lazy, too. They looked as poor and scrawny as could be. That boy of thern named ‘Pete’ they didn’t reckon on his livin’ long, no how. All the doctors round here give him up long ago, said they couldn’t do nothin’ fer him. Calkerlated as how he wouldn’t live long, I guess.”

The doctor, who was wearing the U. S. A. uniform, as he was working for Uncle Sam in the Public Health Service, spoke up, “You see it was this way. I came through here several years ago for the Government, after Dr. Stiles had found out all about that ‘Hookworm’ in the Southern States. The Jamersons were one of the many families I visited here and I found the same conditions with so many in this neighborhood. No outhouses—yes, no privies at all, or if they did have them, they were in such poor and tumble down condition, that the hogs and chickens could get to

them and scratch the human excreta all out on the ground and the soil became contaminated. The children going barefooted would get the ground itch and the germs get in that way; or the vegetables would get contaminated, and, if eaten raw, in would go those germs. Or, if any of these people put their fingers in their mouths without washing them, more germs would get in—and you see it is just this way—those blasted little germs (eggs of the hookworm, the roundworm or the whipworm) would be carried right into a human body after they had been expelled from another human body. Not a very nice thought? No, I grant you, not a very nice thought.

“And so you see, I went to see the Jamersons, and found poor little ‘Pete’ in this condition. That whole family had hookworm! I tell you, I knew it just as soon as I saw them. Why that boy couldn’t bring a bucket of water from the spring without sitting down and panting every few steps. He had the hookworm all right! You see, they get right into the circulation, down into the stomach and then into the intestines and then they ‘hook on.’ Hook, you see, and so we call them ‘hookworms.’ Dirty suckers, too, they are! Just hook

there and suck all the good rich blood that is needed to make a healthy mind and body." And the Doctor looked sad. He was thinking it would be better to have the Flu, the Infantile Paralysis, yes, and die with it, or be lame, or anything than this awful half living, dragging around, eaten up by worms while you are alive, or half alive anyway.

"I treated that whole Jamerson family," the Doctor went on to say, "after I had examined the excreta under the microscope. I found the germs all right! You can't miss it with the microscope. That boy 'Pete' had not only *hookworm*, but round and whipworm too! I gave them all the treatment, and showed them how to build the right kind of privy. It is astonishing how one picks up after the treatment."

"Yes," said the mountaineer, "I never did see anything to beat that

Jamerson family, but I didn't know what 'twas. All of a sudden like they seemed to brace up and take on new life. But I didn't know 'twas you who done it to 'em. Give 'em worm medicine, did you, and larnt 'em how to clean up a bit? Well, I be darlgarn, if that don't beat all! Why Doc, that man lives off to the other side o' that crick now, owns his property, he does, got 'er cow too and a hoss. Say, you never seen anybody so healthy and strong as that 'Pete' be! They say he is smart at school too. Couldn't do a darn thing at school or anything else before.

"Good-day, Doc, that's a fine work you's doin' fer our Government. Wisht I had lernt to be a doctor so as to help people along. Jest stick to the work, Doc, jest stick to the work, God bless ye Doc, and God bless the children ye are trying to help."

Note.

The two series of articles which have been running for several months past, "Development of Federal Public Health Functions in the United States," by Ann Doyle, and "What a Rural Nurse Should Know About the Country," by E. L. Morgan, will be continued in our next issue.

Organization Activities

ONE of the most interesting events of the month was a visit from Dr. Q. R. Avison, who was introduced by a former Blockley classmate and friend from Korea. Dr. Avison is President of the Severance Union Medical College, at Seoul, Korea, which represents the union of all American, Canadian and Australian missions in Korea. He is also President of Chosen Christian College, Korea. The Medical College includes a hospital and training school for nurses. Dr. Avison wishes to bring the need and opportunities for nurses in these remote countries directly to the attention of students and graduate nurses in various cities in America, and is visiting training schools in various cities with this purpose in view. The Executive Secretary was able to help him by giving him letters of introduction to prominent nurses in the cities he hoped to visit.

AT a meeting of the League of Nursing Education held at the end of September in Wausau, Wisconsin, Miss Lent was one of the speakers and made an appeal for membership in the National Organization for Public Health Nursing. Nineteen nurses have since enrolled as members.

"THE Nurse in Industry" was the subject of a paper contributed by Miss Lent to the meeting of the National Safety Council held in Milwaukee. The paper was followed by animated and interesting discussion.

THE Executive Committee of the N. O. P. H. N. met on the 15th, 16th and 17th of September. Miss Lillian D. Wald, our Honorary President; Mr. Alexander M. White, Chairman of the Committee on Friends of Public Health Nursing, and Mrs. John H. Lowman, of our Board of Directors, also attended several of the sessions. The matter of greatest consequence was the decision to call a special meeting of the Organization, which is mentioned elsewhere in the magazine.

THE General Federation of Women's Clubs has just elected Miss Katherine Olmsted as chairman of its National Sub-Committee on Public Health Nursing. Miss Olmsted has been asked to write a pamphlet on public health nursing which will be printed and sent to over two million club women; and at a meeting held in St. Louis on October 23rd, plans were made to undertake some active work this year.

DURING the month of September, the film "An Equal Chance" has been used by groups in the following towns in connection with their State and County Fairs, Tag Days, etc.; Huntington, L. I.; Salem, Ore.; Wuncannon, New Broomfield, Scranton, Bethlehem, Remessburgh, Clarion, Pa.; Atlantic City, N. J.; Canton, Ohio. It was also shown by Mrs. Barbara Bartlett, at the American Public Health Association convention, San Francisco, California.

In addition, ten requests for the film were referred to the New York State Department of Health, Bureau of Community Service,

North Carolina, Texas State Department of Health and our Central Branch office.

RESPONSES to letters sent out to all the State Departments of Health, asking for information concerning state programs for public health nursing which are in progress at present, have been very prompt and cordial. The information gathered is quite complete, and, when it has been analyzed, it will be of great value, and distinctly helpful to many. It is hoped to get it in form to send copies to all the state directors at a comparatively early date.

INFORMATION REQUIRED

The following members of the National Organization for Public Health Nursing are not found at the addresses on file in the office of the Organization. Will any of our readers who may know where any of these members can be reached kindly send this information to Pearl H. Braithwaite, National Organization for Public Health Nursing, 156 Fifth Avenue, New York City.

<i>Name</i>	<i>Last Address</i>
Baker, Mrs. Ula,	320 Sycamore Street, Milwaukee, Wis.
Bell, Mrs. J. B.,	26 Ponce De Leon Avenue, Atlanta, Ga.
Blake, M. L.,	39 Bruner Street, Boston, Mass.
Brown, Mary,	225 No. Ludlow Street, Dayton, O.
Byers, M. J.,	911 Galena Avenue, Galena, Kas.

Chamberlain, Mae F.,	148 W. 103d Street, New York City.
Cloudman, Mrs. Myra F.,	57 S. Washington Street, Rochester, N. Y.
Cruz, Nell,	707 Lavaca Street, Austin, Tex.
Day, Miss F.,	Waterloo, Iowa.
Duthie, M. E.,	309 Dayton Avenue, St. Paul, Minn.
Ferries, Eva J.,	943 Wilson Avenue, Chicago, Ill.
Fletcher, Mrs. F. M.,	1212 Laurel Street, Nashville, Tenn.
Fuller, Delza E.,	15 Boulevard Street, Mountain Lakes, N. J.
Gallagher, Isabelle,	5150 Vincennes Avenue, Chicago, Ill.
Gamble, E. L.,	607 Black Avenue, Flint, Mich.
Glynn, Marie G.,	10325 Almira Avenue, Cleveland, O.
Golz, E. B.,	513 Erie Avenue, Philadelphia, Pa.
Hauss, H. G.,	509 W. 121st Street, New York City.

- Henley, M. L., 1219 E. Broad Street, Richmond, Va.
- Hoge, Rachel, R. D. 6, Waynesboro, Pa.
- Hughes, Isabella, 145 Mt. Prospect Avenue, Newark, N. J.
- Humphrey, Agnes A., 68 Helwig Street, Gloversville, N. Y.
- Hummel, Emily E., 1613 W. Lehigh Avenue, Philadelphia, Pa.
- Judge, Arna E., 13 Monadnock Street, Dorchester, Mass.
- Keil, Mrs. Venila W., 207 E. Rush Street, Marshall, Tex.
- Kelly, J. Veronica, 1704 Lamont Street, Washington, D. C.
- Kester, Ethel, Box 185, Logan Co., Omar, W. Va.
- Knowles, V. R., 1110 McCoskey Street, Saginaw, Mich.
- Lorrah, E. A., Mt. Alto Sanatorium, Mt. Alto, Pa.
- Macconachie, Janet, 437 W. 158th Street, New York City.
- McCormack, Margaret J., U. S. A. General Hospital No. 3, Rahway, N. J.
- MacNeil, Llewellyn, Scarboro-on-Hudson, N. Y.
- Magner, Mrs. Edith H., 1901 Belmore Road, Cleveland, O.
- McIntyre, Ruth, 15 Burnett Street, Detroit, Mich.
- Miller, Mrs. Eliz., care of Mrs. Chas. Steiner, Creskill, N. J.
- Moore, Kate, 4911 Chicago St., Omaha, Neb.
- Moritz, Martha A., City Hall, Peoria, Ill.
- Nelson, H. S., 130 Clermont Avenue, New York City.
- O'Connell, Margaret A., 1540 E. 65th Street, Chicago, Ill.
- O'Connell, Nora Francis, 611 W. 127th Street, New York City.
- Phelan, Mary A., Box 1301, Jacksonville, Fla.
- Robinson, E. E., 309 Dolphin Street, Baltimore, Md.
- Sander, Marie C., 12 St. John Place, Buffalo, N. Y.
- Smith, M. W., Greenwich Street, Reading, Pa.
- Stahl, M. A., 355 N. Bogel Street, St. Louis, Mo.
- Speelman, Myrtle, 819 N. 34th Street, Omaha, Neb.
- Stevenson, Mrs. M. S., American Red Cross, Wabasha, Minn.
- Swingle, Sarah, Bedford, Ia.
- Thompson, Helen W., 1581 Crawford Road, Cleveland, O.
- Ullman, Norma, 404 Penn Avenue, Charleston, W. Va.
- Van Acoyoe, Margaret, 515 W. 122d Street, New York City.
- Venman, Ethel L., 10804 Orville Avenue, Cleveland, O.
- Voak, Elizabeth E., 7 Rhea Terrace, Fairmont, W. Va.
- Walker, A. H., 509 W. 121st Street, New York City.
- West, Lucy A., 409 Boulevard, Portsmouth, Va.
- White, Miss M., 3016 Reading Road, Cincinnati, O.
- Whitaker, Pauline E., Woolworth Bldg., New York City.
- Wick, J. G., 27 So. Maryland Avenue, Atlantic City, N. J.
- Yount, Floy B., 903 Jones Law Bldg., Pittsburgh, Pa.

Book Reviews and Digests

LIBRARY DEPARTMENT

REVIEWS

NURSING MENTAL DISEASES, by *Harriet Bailey, R. N.*, formerly Assistant Superintendent of Nurses, Johns Hopkins Hospital Training School for Nurses (Henry Phipps Psychiatric Clinic); formerly Superintendent of Nurses, Manhattan State Hospital, New York; special appointment to the League of Red Cross Societies, Geneva, Switzerland. New York: The Macmillan Company, 1920.

Miss Bailey has given us a valuable book and one greatly needed, for there has not been hitherto an adequate work on the subject of nursing in mental diseases, and the author has handled her subject with ability and she came to it well equipped through training and experience to make the most of an important opportunity. Though not a large book, only 175 pages, much is contained in it. The style is direct and simple and every statement means a definite thing and there are no repetitions. Definitions are very clear and the Psychological Introduction, Chapter 1, is especially helpful in summarizing and presenting in briefer form the more extended discussions of William James, Dubois and other writers on which must be laid the foundations of an understanding of men-

tal processes, whether normal or disturbed.

To have somewhat comprehended the mechanism of a mind and to have had a heart and the briefest experience with the mentally ill has always, for any nurse, been to have sympathized and to have wished to help; modern training in mental nursing, the better attitude of the day towards mental illness, the well appointed hospital or clinic for the mentally ill taking the place of the old "asylum" have all contributed to make specialization in the nursing of mental diseases a career for the highest type of trained nurse. And we read further on page 49 of the book, "Mental hygiene does not limit its activities to the care of those who are sick and the prevention of disease in those who are threatened, but it has also the broader function of increasing the mental health of those who are neither already ill nor threatened with illness. One of the most important and forceful agents in this field is the well-trained nurse."

Miss Bailey makes clear many of the reasons for mental illness, in so far as they are known to students of mental disease, and she points out the duty of the nurse

in various situations, describes the procedures in handling patients in various states of unrest, with the foods, baths, amusements, occupations and treatments, including hydrotherapeutic measures, and gives chapters on the History of the Care of the Mentally Sick, Some Legal Aspects of Mental Disorder and the Prevention of Mental Disease. In the last is very properly emphasized the need to begin in early childhood the formation of good mental habits and what some of these habits should be.

The Public Health Nurse having more than usual opportunity to detect the early manifestations of a psychosis will find especially helpful the notes on the various classes into which mental disease is divided, and for the nurse in a general hospital or in other nursing work, this information will also be of value to assist her to recognize and report correctly what she sees that is mentally unsound.

One could have wished for a few words on the care of patients before hospital admission, while traveling, when this becomes necessary, and after removal from the safeguards of an institution, whenever this may seem wise, or as convalescence begins to be established and a larger liberty is permitted. The implication however, is that each nurse must find her own way, from her store of knowledge and experience, to meet these conditions, and of course the

resourceful nurse will do so.—M. C. B.

THE WOMAN OF FORTY, by *Edith E. Lowry, M. D.* Forbes & Company, 443 South Dearborn Street, Chicago.

The Public Health Nurse who is anxious to keep up with the times should read this book. Dr. Lowry is famous as the author of the only books on sex hygiene which have received the endorsement of the leading medical, educational and religious authorities, who declare they are the first books to meet the standards and requirements of the present great world-movement for sex education.

All Dr. Lowry's books are easy reading. They are filled with common sense statements given with a mixture of interesting references which make the meaning clear. "The Woman of Forty" is just out and can be bought at any book-sellers, for \$1.25.

Other books by the same author are:

"Herself"—Talks with Women Concerning Themselves.

"Himself"—Talks with Men Concerning Themselves.

"Preparing for Womanhood."

"Confidences"—Talks with a Young Girl Concerning Herself.

"Truths"—Talks with a Boy Concerning Himself.

"False Modesty."

"Teaching Sex Hygiene."

"The Home Nurse."

"Your Baby"—A Guide for Mothers.

PAMPHLETS, ETC.

Most of our readers are acquainted with the attractive health literature published by the Metro-

politan Life Insurance Company—the beautiful “Mother Goose,” which any mother would welcome to give her little one, and the many other ingenious and really valuable pamphlets and pictures prepared by the experts of the company.

An interesting example of the excellent purposes which this literature is able to serve is given in a letter to the company, a copy of which their Superintendent of Nursing, Miss Matilda L. Johnson, has sent to us:

In August, 1917, the Atlantic City, N. J., nurse was called to a boat anchored in Gardiners Basin and found a patient who had been delivered of a baby girl. While our association was not affiliated with the Metropolitan Company at this time, we had some of your literature and gave a copy of “The Child” to this patient.

In 1918 the second child was born and the boat was anchored off Beverly, N. J. In the meantime the parents had been insured with the company and the nurse was called.

In August, 1920, the nurse from Atlantic City was called to a boat in Ventnor and it was the same patient.

These children have always lived on this boat and have never been sick. The mother has raised them entirely by directions in your literature and her own common sense and they are a happy family. Sanitary conditions good. The father is a carpenter and works at his trade while the boat is anchored. This is one family that does not suffer from rent profiteers.

A new folder which is attracting the attention of people interested in publicity and art, as well as the young women who wish to

enter the best hospital training schools, has just recently been issued by Miss Katherine Olmstead, Executive Secretary of the Central Council of Nursing Education.

Photographic illustrations entitled “A Red Cross Nurse in Japan,” “A Public Health Nurse Among the Tepees,” “A Student Nurse,” and the cover design of our Lady With The Lamp make this recruiting pamphlet easy reading.

LISTS OF MOTION PICTURES FOR SPECIAL PURPOSES

The National Committee for Better Films, which is part of the National Board of Review of Motion Pictures at 70 Fifth Avenue, New York, has prepared what it calls “*A Partial List of Film Subjects on Health, Disease, Nursing and Allied Topics*,” selected September, 1920. As a matter of fact it is the most complete list of the kind existent, and the only one of current value. Fifty-three films immediately available are listed under the headings: Surgical and Medical Technique, The Body, Treatment of Afflicted Persons, Sex Hygiene, Public Health and Sanitary Measures, Welfare Work, Industrial Health and Safety, Prevention of Disease and Athletics (slow motion). Most of the pictures are one or two reels, though a few are of “feature” length. In addition to the titles, a descriptive phrase is given, together with the name and address of the source from which the films may be obtained.

Red Cross Public Health Nursing

EDITED BY ELIZABETH FOX

In the beautiful cemetery at Arlington the body of Miss Delano has found its final resting place. The nurses who knew Miss Delano and those who have felt the inspiration of her personality and remarkable work will be glad in knowing that so fitting and lovely a spot has been chosen for her grave. Those who will visit Arlington to see Miss Delano's grave will find it in a quiet glade overlooking the grassy slopes of Arlington, with the Potomac River and Washington, where so much of her work was carried on, in the distance.

It was here that nurses from many organizations and from all parts of the country gathered on the peaceful summer afternoon of September 18th to take part in the services held in honor and grateful remembrance of their former leader. More significant than the profusion of flowers, which completely covered the little knoll on which the casket stood, was the quiet and sincere tribute paid by the presence of prominent members of the Army, Navy, United States Public Health Service, the American Red Cross, representatives of the three national nursing associations, the American Nurses' Association, National League for

Nursing Education, the National Organization for Public Health Nursing and the National Nursing Committee of the Red Cross, and then the nurses of the American Red Cross, the Army, Navy and the United States Public Health Service.

The simple yet impressive ceremony of interment was entirely military in character. A platoon of infantry from Fort Myer stood at attention near the grave. After the military band had softly played "Nearer, My God, to Thee," the chaplain from Walter Reed Hospital read the committal service. At the conclusion, three volleys were fired over the grave as the casket was lowered, and a bugler standing at the grave's edge sounded taps. During the few moments of silent prayer which followed, the military band played the Second Movement from Chopin's Funeral March.

Those in attendance at the ceremonies included Surgeon General Merritte W. Ireland, U. S. Army, and Mrs. Ireland; Rear Admiral William C. Braisted, U. S. Navy; Dr. Taliaferro Clark, representing Surgeon General Cumming, of the U. S. Public Health Service; Major Julia Stimson, Superintendent, with detachment of Navy Nurse

Corps; Mrs. Lenah Higbee, Superintendent, with detachment of Navy Nurse Corps; Miss Lucy Minnegerode, Superintendent, with detachment of U. S. Public Health Service Nurse Corps; twenty Red Cross nurses in uniform; Miss Ida F. Butler, acting director, Department of Nursing, American Red Cross, together with the entire nursing staff of National Headquarters; Miss Christine M. Nuno and Mrs. Anna S. Humphreys, representing the Atlantic Division, A. R. C.; Miss Pauline McVey and delegation from the Washington Jane A. Delano Post of the American Legion, No. 6; Miss Beatrice Bamber and delegation, from the New York Jane A. Delano Post of the American Legion, No. 344; Mrs. Bertha M. Robinson, regent of the Judge Lynn Chapter, representing the Daughters of the American Revolution, of which Miss Delano once served as vice-regent; Miss E. Louis Pond, representing the Nurses' Association of Brooklyn and Long Island, District 14; Miss R. Inde Albaugh, representing headquarters of the National Nursing Organizations; Mrs. W. K. Draper, Miss Susan Francis and Miss Edna Foley, representing the National Committee on Red Cross Nursing Service, Miss Foley also representing the National Organization for Public Health Nursing; and two squads of men from Walter Reed Post, American Legion, commanded by Lieutenant Paul Foote; many executive officials

and workers from National Red Cross Headquarters and from the Divisions also were present, and many nurses from nearby states.

REPORT OF PUBLIC HEALTH NURSING BUREAU

It may be of interest to give a few excerpts from the report of the Red Cross Bureau of Public Health Nursing:—

"During the last year the chapters of the Red Cross have taken hold of the public health nursing project with enthusiasm—enthusiasm not of the effervescent kind, but lasting, genuine and result-producing. This is evidenced by the fact that during the fiscal year ending June 30th, 1920, the number of Public Health Nurses at work in the Red Cross service increased from 162 to 908, and the number of Red Cross public health nursing services increased from 155 to 817. The permanent character of this work is shown by the fact that very few of these services have been discontinued.

Nearly twenty-five per cent of the Chapters have done something about public health nursing.

Already, in some localities, the Chapter has succeeded so well in its demonstration of public health nursing that the public authorities have assumed partial or complete financial responsibility. Where the entire expense is met by taxes, the direction of the work passes from the hands of the Chapters into those of the county commissioners, or other public officials. This taking over of the work by towns and

counties will proceed steadily, and with increasing frequency as our work becomes older and better established. It should be our deep concern to build our nursing services on so firm a foundation that the transfer from private to public control will not be accompanied by a loss of thoroughness, spirit or vitality.

All over the country, in the most out-of-the-way places, as well as in the thriving agricultural centers, our nurses are at work. In the tiny settlements in the high Sierras, among Indian teepees, in the heart of the Appalachians, on the lonely islands off the New England coast, on the wind-swept plains of Montana, in the villages along the Mexican border, in the heart of the forest of northern Michigan and in the mining camps of Kentucky and West Virginia, the chance to live, the message of health and the good will of the Red Cross are being carried by those brave, and often lonely, workers, in the uniform of the nurse and of the Red Cross.

The Red Cross has made rural nursing popular among nurses. Formerly, interest was largely directed toward city work, and only a few nurses had caught the vision of the great opportunities awaiting them outside the large centers. Today rural nursing occupies the limelight, and nurses by the hundreds are flocking into it. They have had their imaginations fired by the infinite possibil-

ities for original, effective and very human service in the smaller towns and the country.

During the past year, 288 scholarships and 67 loans have been awarded from the National Fund of the Red Cross to graduate nurses, to enable them to secure public health nursing training at one of the accredited schools or universities giving such a course. The Chapters also have shown great interest in assisting nurses to become fully prepared for their work, and have given approximately 285 scholarships for this purpose. The Metropolitan Chapter, of Boston, alone has furnished 60 scholarships to graduate nurses, leaving them free to take up their public health work in whatever part of the country they desire.

Both the National Red Cross and the large city Chapters have been most generous, too, in aiding schools and universities, giving a public health nursing course to perfect either their theoretical or practice work. Peabody College has been helped to carry on its course through a large subsidy from the Red Cross, and, at the University of Louisville, Kentucky, the salary of a director for the course is contributed by the Red Cross. A practice field is being provided for the course at the University of California, and the Richmond School of Social Service and Simmons College, Boston, have been aided with appropriations. The Minneapolis

Chapter is financing the practice field in Hennepin County for the course in public health nursing given by the University of Minnesota. The St. Louis Chapter is contributing, not only the entire cost of the practice field for the public health nursing course given by the Missouri School of Social Economy, but the salary of the director of the course and three supervisors as well. The New York County Chapter has made a large appropriation toward the preparation of Public Health Nurses at the Henry Street Settlement, New York City.

SCHOLARSHIPS GRANTED BY
THE LEAGUE OF RED CROSS
SOCIETIES.

The League of Red Cross Societies has awarded scholarships to Miss Dorothy Ledyard and Miss Charlotte Simon, both American Red Cross nurses, in order that they may take the public health nursing course given at Kings College for Women, in the University of London.

"This course has been established in order to seek out, in all countries, suitable personnel for training both in sick nursing and in public health work, to advise and assist them to obtain the necessary training and to return to their own countries as pioneers in public health nursing."

Through the generosity of the League of Red Cross Societies,

nine other countries are each to send two nurses to take this training. The scholarships for the American nurses, as well as those for France and Italy, are given by the American Red Cross. Each scholarship amounts to \$1000, which is to cover tuition and living expenses during the full college term of ten months. Traveling expenses will also be paid. The students will live in one of the Kings College residences. Miss Gertrude Collin, an English nurse, and Assistant Director of the Department of Nursing of the League, will have general supervision of the group of students and will act as adviser in their work.

The course will be divided into two parts, the one, theoretical, covering the subjects of physiology, bacteriology, household science, personal and community hygiene and elementary economics; the other, practical, including child welfare, school clinics, tuberculosis, rural work and district nursing. The American nurses will find in this course an excellent chance to become acquainted, not only with English public health nursing methods, which are, in some ways, different from our own, but, by contact with the nurses from different countries, to become acquainted with nursing ideals and practice throughout the world.

News From the Field

INSTITUTE ON VENEREAL DISEASE CONTROL

An Institute on Venereal Disease Control and Social Hygiene has been arranged by the U. S. Public Health Service to be held in Washington, D. C., November 22nd to December 4th. The faculty will be composed of approximately forty lecturers and instructors.

During the years immediately preceding and following the Great War rapid progress has been made in the United States in the control of venereal diseases. This progress has been due to an increase in knowledge and experience and to an increase in the number of persons devoting their time to the many and varied aspects of the problem. Progress has been so rapid that there are many persons employed in one capacity or another in the attack upon venereal diseases who feel keenly a need for more information in the various sciences which have contributed to recent knowledge and experience. Others desire to get into personal contact with those who are recognized as the highest authorities on various scientific and professional phases of the problem.

Medicine, surgery, biology, psychology, and sociology now have

much to contribute to the understanding of this most complex health problem, and there are now available, as there have never been before, eminent specialists in these various fields of knowledge from whom instruction may be obtained.

In conducting this Institute on Venereal Disease Control it has been the aim of the Public Health Service to organize a staff of instructors comprising the best men and women in those subjects related to the control of venereal diseases, so that health officers, private practitioners, educators, psychologists, sociologists, and others concerned may come for a short period of intensive work and supplement their knowledge in such a way as to make themselves more efficient in their work.

The following is a list of the courses which will be included:

Full Courses

The diagnosis and treatment of syphilis.

The diagnosis and treatment of gonorrhea.

Advanced course in the treatment of syphilis and gonorrhea.

Delinquent women and the law.

Half Courses

Diagnosis of the mental condition of delinquent women.

Sex in education.

Protective work for girls.

The work of the venereal disease nurse.

Heredity and eugenics.

Sociology and social hygiene.

Methods of public education.

Methods of law enforcement.

Sex psychology.

Clinic management.

Clinic social work.

NORTHWESTERN TUBERCULOSIS CONFERENCE

The Fourth Tuberculosis Conference of the seven Northwestern States, namely, Oregon, Idaho, Montana, Utah, Nevada, Washington, and Wyoming, was held in Cheyenne on September 20, 21, and 22. About 200 delegates attended. The Conference was made very successful by the attendance of such eminent people as Dr. Chas. Hatfield, Managing Director of the National Anti-Tuberculosis Association, Dr. Gerald B. Webb, President of the National Anti-Tuberculosis Association, Dr. Henry Boswell, Superintendent of the Mississippi State Sanatorium, and Dr. J. J. Wallace, Chief of the Tuberculosis Section of the U. S. Public Health Service.

The Conference was opened by Hon. Robert Carey, Governor of Wyoming. In speaking of the function of a non-official public health agency, Dr. Hatfield said that too close affiliation of official and non-official agencies was not advisable, as the identity of the latter is often merged into that of the former. He emphasized strongly the need for all physicians to coöperate more fully with

all public health agencies, and told of the recent resolution adopted by the American Medical Association, asking that they be allowed to participate in all new public health movements.

Dr. Henry Boswell, who has had such phenomenal success in extracting money from the Mississippi State Legislature, speaking at a luncheon on the first day said, "We can't save health on enthusiasm." He told the story of Mississippi's fight for state institutions, stating that four years ago their first appropriation was \$25,000, while last year their Legislature appropriated \$1,500,000 for health work.

Later in the Conference, Dr. J. F. Wallace spoke on the problem of the migratory soldier, saying that at present there are 5,550 cases of tuberculosis among ex-service men in this district, which comprises Wyoming, Colorado, New Mexico and Utah, 3,600 of which are active open cases. He spoke of the great influx of these men into this part of the country, seeking health because of climatic advantages. Many of them live in boarding houses and hotels before being reported to the U. S. Public Health Service, and are a great menace to the community.

The "Modern Health Crusade" section was made very interesting by the enthusiasm of Miss Grace Gallet, Crusade Director of Idaho, and Miss Golda Hartman, Cheyenne Public School Nurse. It was

announced at this time that through the efforts of the Wyoming Public Health Association, the Modern Health Crusade has been introduced into the public schools of the State, as part of the required curriculum of standard schools.

Three interesting films were shown to the Conference, "A Nurse Among the Tepees" showing the very wonderful work Miss Linda Miers, R. N., has been doing on the Wind River Indian Reservation, Wyoming, "The Priceless Gift of Health," and "The Modern Health Crusade."

Miss Agnes Cogan, R. N., State Supervising Nurse of Wyoming, presided over the program of the Public Health Nursing section. Miss Miers told of her work on the Indian Reservation, and Mrs. E. R. Bennett, of the Extension Division of the University of Idaho, gave a brief resume of the public health work being done in Idaho. One of the interesting things being accomplished is the follow-up of the physical examination of school children. A traveling clinic goes to a community, establishes temporary hospital headquarters in the high school, bringing its own surgeons and nurses, and operates on as many as 20 children daily for tonsils and adenoids. Parents are instructed to bring cots, bedding, night gowns, etc., for the children. Miss Viola Nohr, R. N., State Tuberculosis Nurse in Wyoming, gave the

results of the Tuberculosis Survey she is making in the State.

The medical session was very interesting. Dr. Gerald B. Webb, President of the National Tuberculosis Association, gave a splendid paper on "What We Know About Tuberculosis as a Disease."

At the session on Tuberculosis Case Survey Findings, Mrs. K. R. Edholm, Secretary of the Nebraska Tuberculosis Association, told of the recent Tuberculosis Survey among the Winnebago Indians in Nebraska. Her paper aroused the entire Conference to the gross neglect of the Indians, and the need for public health work among them.

PROVIDENCE DISTRICT NURSING COURSE

It has been decided to withdraw the four months' post-graduate course in public health nursing which the Providence District Nursing Association planned to offer on January 1st, 1921, and which was to have been financed for the first year by the American Red Cross.

This decision has been reached after careful consideration and after consultation with the Director of the Bureau of Public Health Nursing of the Red Cross and with the Chairman of the Educational Committee of the National Organization for Public Health Nursing, and it has been reached because of changed conditions.

When the Providence course was planned all the courses were

full to overflowing and students were being turned away. Additional educational opportunities in New England, therefore, seemed desirable. At the present moment the situation is quite different, students are applying all over the country in fewer numbers, and places can be found in Boston and New Haven for the total number which the Providence Association planned to take.

Under these conditions, it seems unwise to start another heavy overhead expense for educational work in a city midway between Boston and New Haven, both of which cities are already offering excellent and well-established post-graduate courses.

Should the pendulum of demand swing back, as seems quite possible, the Providence District Nursing Association holds itself in readiness to again consider the question of making use of its somewhat varied field work for educational purposes.

Miss Ada M. Carr, who was to have taken charge of the course, will remain with the National Organization for Public Health Nursing.

MENTAL NURSING

In order to provide more hospital accommodation for the World War veterans who are suffering from mental diseases, the Federal government is organizing a new mental hospital at Marion, Indiana. The beautiful National Home for Disabled Volunteer

Soldiers has been handed over for this purpose and promises to become a unique medical enterprise.

All types of mental disease will be treated there, from the mildest to the most serious and chronic conditions. All the modern scientific treatments will be available alike for the incipient and transient conditions, and for those which last through months and years.

The youth and physical activity of the patients is recognized in the plans being made for diversion, occupation, the systematic cultivation of athletics and physical training. Every possible occupation which can be used to arouse the interest and promote the recovery of the patients will be employed and as soon as complete or partial restoration seems to be in sight a strongly vocational trend will be given to all the activities previously carried on as therapeutic measures.

Until certain necessary alterations in some of the buildings are completed, only about one quarter of the possible number of patients will be received, but it is expected that early in November the Sanatorium will be ready to receive three hundred ex-soldiers. Twenty-three nurses will be needed at the outset. Applications are now being received by Dr. Frank F. Hutchins, Medical Director and Superintendent of the Sanatorium. Experienced psychiatric nurses who have also had a training in

general nursing will find in this new institution an unusual opportunity for scientific mental nursing.

NOTES FROM THE STATES

Illinois

Miss Harriet Fulmer, Supervisor of Cook County Public Health Nurses, has been appointed State Supervising Nurse for Illinois.

Indiana

Public Health Nurses of Indiana held a conference, in collaboration with the State Board of Health, on October 5th and 6th, in Indianapolis. A very helpful program was arranged, which included many branches of Public Health Nursing work and took up many of the problems which arise.

Ohio

In recognition of the fact that tuberculosis is more of a general health problem than a narrow fight against infection, and that success in the warfare against the white plague demands a united front of all health agencies, the Ohio Public Health Association recently formed, is organizing local public health leagues in counties and cities.

The State Association is a reorganization of the Ohio Society for the Prevention of Tuberculosis, which was one of the pioneers in the public health field in Ohio. Local societies for the prevention of tuberculosis, or other health agencies are being used as

the nucleus in forming the local leagues.

For the most part, the work will be financed by the sale of Christmas seals. It is pointed out that almost any community can finance a good local program if proper plans are made presenting the subject to the people of the community in an educational campaign in connection with the seal sale. Many local communities in Ohio are now preparing their budgets for next year and will go before the people in the forthcoming campaign for the sale of Christmas seals for support.

Voluntary organizations should exist in every community to support and supplement, if necessary, the efforts of the official health organizations. The field of their activities should follow, in so far as possible, the lines laid down in the building of the official organization. Their functions are to initiate, experiment, establish and prove methods and means for meeting the various public health problems and then turn them over to the official organization. The great weakness in voluntary local health organizations has been their inability to so shape their programs as to be able to transfer their established work to the official organization. There are various reasons for this failure, but they all come under one of two main heads; either the local official organization is inefficient and cannot be trusted to carry on

the work; or the local voluntary organization comes to view itself as a necessary agency in carrying on established health work. The real function of local voluntary organizations is to make possible the efficiency and extension of the official machinery in order to be able to shift the burden of routine health administration to it.

Plans of the State and local public health leagues in Ohio have the hearty approval of the State Department of Health, the Ohio State Medical Association, Ohio Hospital Association and other organizations.

* * *

September 11th was a gala day for the Industrial Nurses of Cleveland, Ohio, whether members of the club or not, as an invitation had been extended to every Industrial Nurse in the city to join the members in an outing at Shore Acres on the Lake. It was an observance of the club's annual outing.

The Chandler and Cleveland Companies furnished machines for the entire group and met the nurses at the new Nursing Center.* Pictures were taken of the group at the entrance of the club and as they were entering the machines to start on their trip.

The day was ideal and after a glorious ride through the parks the party assembled on the spa-

cious lawn and beach of the Inn and indulged in games and a social good time until dinner was announced, which the nurses hailed with vigorous appetites after the invigorating outdoor exercises. The Social Committee had very cleverly arranged songs between courses, which added to the merriment, as they were parodies of some of the popular airs and were take-offs on some of the members present.

The President called the group to order after the dinner and extended an invitation to the guests to become club members, and also gave a brief outline of speakers for the coming meetings. She also announced that several civic organizations had extended invitations to the club to send representatives to their meetings and become active in their work, i. e., the Recreation Council—the Chamber of Commerce—the New Health Council of the Welfare Federation.

Fourteen applications were received by the chairman of the Membership Committee to be acted upon at the next business meeting.

The time after dinner was spent in a general social time until the same generous gentlemen with their machines returned to escort the nurses to their various homes.

Oregon

The first Infant Welfare Clinic in Portland, Oregon, has been opened under the auspices of the Infant Welfare Society and under

*See article on "Cleveland Nursing Center," in this issue.

the direction of the Portland Visiting Nurse Association. Dr. Charles U. Moore is the Medical Director and Miss Frances E. Kiernan the nurse in charge. Clinics are held in the Neighborhood House in South Portland, this being the first station for several reasons: on account of its being the most congested district, because of its foreign population, and the fact that it has the largest number of births and a higher death rate than any other part of the city.

Wisconsin

At the annual meeting of the Milwaukee Visiting Nurse Association, held October 6th, the Board voted to increase the nurses' salary schedule to \$120.00 a month for the first year; \$125.00 for the second; and \$130.00 for the third. The uniforms will be furnished by the nurses. Mary E. Lent, Financial Secretary of the National Organization for Public Health Nursing, spoke in Milwaukee at the annual meeting of the National Safety Council and was able to give valuable help to the Directors of this Association and to its Superintendent, Erna Kowalke. The interest that the nurses throughout the country are showing in Miss Lent's tour is demonstrated by Miss Kowalke's work when she heard of her coming to Milwaukee. They had been notified by a telegram from the President. Miss Kowalke promptly telephoned all the hospitals and

training schools and there were many nurses in the audience on the afternoon when Miss Lent's paper was presented. The Milwaukee Visiting Nurse Association has a record of 13 years of valuable local service. During the past year its nurses made 26,710 visits to 3,868 patients. The Association is the largest in the State of Wisconsin.

NOTES FROM CANADA

The Nova Scotia Provincial Branch of the Red Cross Society of Canada is very rapidly carrying out its program planned in conformity with the peace time program of the League of Red Cross Societies of the World. Dr. B. Franklin Royer, Executive Officer, Massachusetts-Halifax Health Commission, sends us some particulars as to its activities.

On July 12th two great public health caravans, planning a tour of the Province, left the Parade in front of the City Hall. Each of these public health caravans is equipped with educational moving pictures and lantern slides. The professional personnel of each caravan consisted of four doctors, nose, throat, eye, ear and tuberculosis specialists, a dentist and a corps of from four to six nurses. They were to spend six weeks in reaching the coastal towns and fishing villages most in need of public health assistance and med-

(Continued on Next Page)